



# PRIMARY HEALTH CARE

## CNA POSITION

Primary health care (PHC) is a philosophy and approach that is integral to improving the health of all Canadians and the effectiveness of health service delivery in all care settings. PHC focuses on the way services are delivered and puts the people who receive those services at the centre of care. The essential principles of PHC, as set out in the World Health Organization's *Declaration of Alma-Ata*, are:

- ▶ accessibility
- ▶ active public participation
- ▶ health promotion and chronic disease prevention and management
- ▶ the use of appropriate technology and innovation
- ▶ intersectoral cooperation and collaboration.

CNA believes that PHC principles are the most effective way to provide equitable, timely and accessible health care while helping individuals and families make the best decisions for their health, and communities make the best decisions for healthy public policy.

CNA believes that implementing PHC principles in all communities and health-care settings across the continuum of care is foundational to improving the health and well-being of all Canadians.

CNA believes that PHC and nursing are wholly connected, and the standards, competencies, education and practice of nursing should be grounded in PHC principles and concepts. It is therefore important to integrate PHC competencies into entry to practice and continuing education throughout the career lifecycle.

CNA believes that care delivery rooted in PHC principles — while using interprofessional collaborative teams (in multiple settings) in which the roles of nurses and other health-care providers are optimized to their full scope of practice — will achieve the best health outcomes.

CNA believes that the PHC approach calls for a broader collaborative engagement strategy (i.e., among health-care providers, communities, governments, and sectors within and outside of health care) that safeguards the principles of social justice and health equity.

CNA believes the link between the social determinants of health and health outcomes is central to PHC and reflects the impact of social inequality on health at the individual, community and population levels.

CNA believes that all levels and divisions of government have an essential role in shaping Canadians' health and should incorporate PHC principles within a Health in All Policies approach. This approach includes:

- ▶ using federal interventions and national standards to guide the planning, organization and evaluation of policy and health services
- ▶ assessing how policy decisions may affect the health of a population by viewing health through a wider lens
- ▶ realigning health and social policies and resources to promote health, prevent disease and support wellness
- ▶ investing in PHC research, innovation and knowledge translation to optimize evidence-informed policy and practice.

## BACKGROUND

In North America, PHC has long been confused with *primary care* due to a lack of conceptual clarity. While these terms look similar, and are often used interchangeably, they denote different concepts. Understanding PHC principles will help nurses recognize opportunities to employ it or carry it further, no matter where they work.

*Primary care refers to the delivery of community-based clinical health-care services.* Primary care providers coordinate the care of individuals and enable equitable and timely access to other health-care services and providers. The primary care sector focuses on preventing, diagnosing, treating and managing health conditions as well as promoting health.

*PHC, in contrast, is a principle-based, comprehensive approach.* It seeks to improve the health of populations across the continuum of care (e.g., acute, community, long term, rehabilitation, hospice, corrections, etc.), from birth to death, in all settings. PHC stresses population- (macro), community- (meso) and person-oriented (micro) strategies for achieving health, in conjunction with comprehensive, coordinated and integrated health and social services. It acknowledges the broader conditions that determine



health, the importance of promoting healthy lifestyles to help prevent disease and injury, and the value of ongoing care for people with chronic conditions. PHC is realized across health systems when its values and principles are adopted into policy and implemented into programs and practice.

Transforming the health-care system through a strengthened PHC approach is vital to increasing access to community-based care, improving chronic disease prevention and management, and supporting families to care for one another. One of the most important tenets of PHC is to increase the reach of health-care providers into the community. Doing so will improve the health of all Canadians and foster their active participation as partners in health. Active participation by patients and their families — a critical element for improving the system — ensures that they are full-time players in the care process and partners in the health-care team, which can promote a greater understanding of their perspectives on the quality of PHC.

RNs are experts at building capacity in self-care through health education and coaching. They are adept at reinforcing health-promotion strategies at interaction and transition points across the continuum of care — which is key to achieving health empowerment and realizing the goal of health for all. Building capacity by enhancing PHC competencies throughout the nursing community is an important way to strengthen Canada's health-care system. The practice of nursing should be dependent on the attainment of PHC competencies and be based on standards that reflect a deep understanding of the shared and unique attributes, diversity and context of the Canadian population.

The rising costs associated with acute, episodic and hospital-based care are, in part, the result of policies and funding decisions that have overemphasized illness care at the expense of promoting health and wellness. Because our health system has emphasized care within hospitals, Canada ranks below other OECD (Organisation for Economic Co-operation and Development) countries in the quality of its primary health care. Adopting a PHC approach could improve this situation.

The reasons Canada should adopt PHC now to ensure the health of our nation and the future of our health system are reflected in many factors:

- ▶ the current global recession
- ▶ consistent recommendations from a myriad of national commissions calling for health-system reform
- ▶ slipping performance relative to international comparisons on health and systems indicators
- ▶ the aging of our population.



Integrating PHC as the foundation of Canada’s health system will require sustained leadership and accountability on the part of governments. It will mean that those responsible for making decisions about priority-setting, resource allocation and the provision of health services must consider multiple forms of evidence — including high-quality population- and community-level data — as a basis upon which to ensure health equity for the entire population. It will mean re-evaluating how much is spent on social and health services to improve health outcomes on key indicators. And finally, it will mean placing the needs and expectations of Canadians at the centre of our health systems, where they rightfully belong.

*Approved by the CNA Board of Directors  
November 2015*

*Replaces: Primary Health Care (November 2012)*



## REFERENCES

- Barnes, D., Eribes, C., Juarbe, T., Nelson, M., Proctor, S., Sawyer, L., . . . Meleis, A. I. (1995). Primary health care and primary care: A confusion of philosophies. *Nursing Outlook*, 43, 7-16. doi:[http://dx.doi.org/10.1016/S0029-6554\(95\)80038-7](http://dx.doi.org/10.1016/S0029-6554(95)80038-7)
- Canadian Health Services Research Foundation. (2011). *Transformation lessons from disease-based strategies, Chronic disease: New frontier of healthcare* [Environmental scan]. Retrieved from [http://www.cfhi-fcass.ca/Libraries/Commissioned\\_Research\\_Reports/EScanTransformationLessons-EN.sflb.ashx](http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/EScanTransformationLessons-EN.sflb.ashx)
- Canadian Institute for Health Information. (2006). *Pan-Canadian primary health care indicators* (Report 1, Vol. 1). Retrieved from [https://secure.cihi.ca/free\\_products/PHC\\_Indicator\\_Report\\_1\\_Volume\\_1\\_Final\\_E.pdf](https://secure.cihi.ca/free_products/PHC_Indicator_Report_1_Volume_1_Final_E.pdf)
- Canadian Institute for Health Information. (2012). *Pan-Canadian primary health care indicator update report*. Retrieved from [https://secure.cihi.ca/free\\_products/Pan-Canadian\\_PHC\\_Indicator\\_Update\\_Report\\_en\\_web.pdf](https://secure.cihi.ca/free_products/Pan-Canadian_PHC_Indicator_Update_Report_en_web.pdf)
- Canadian Nurses Association. (2002). *Effective health care equals primary health care* [Fact sheet]. Retrieved from [https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/fs17\\_effective\\_health\\_care\\_equals\\_primary\\_health\\_care\\_nov\\_2002\\_e.pdf?la=en](https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/fs17_effective_health_care_equals_primary_health_care_nov_2002_e.pdf?la=en)
- Canadian Nurses Association. (2003, September). Primary health care: The time has come. *Nursing Now*. Retrieved from [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/NN\\_PrimaryHealthCare\\_Sept\\_2003\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/NN_PrimaryHealthCare_Sept_2003_e.pdf)
- Canadian Nurses Association. (2005). *Primary health care: A summary of the issues* [Backgrounder]. Retrieved from [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/NN\\_PrimaryHealthCare\\_Sept\\_2003\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/NN_PrimaryHealthCare_Sept_2003_e.pdf)
- Canadian Nurses Association. (2011). *Interprofessional collaboration* [Position statement]. Retrieved from [http://www.cna-aiic.ca/~media/cna/page-content/pdf-en/interprofessional-collaboration\\_position-statement.pdf?la=en](http://www.cna-aiic.ca/~media/cna/page-content/pdf-en/interprofessional-collaboration_position-statement.pdf?la=en)
- Canadian Nurses Association. (2012). *A nursing call to action – The health of our nation, the future of our health system*. Retrieved from [http://www.cna-aiic.ca/~media/cna/files/en/nec\\_report\\_e.pdf?la=en](http://www.cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf?la=en)
- Canadian Nurses Association. (2013a). *Canada's top 5 in 5*. Retrieved from [https://www.cna-aiic.ca/~media/cna/files/en/nec\\_top5\\_final\\_report\\_e.pdf](https://www.cna-aiic.ca/~media/cna/files/en/nec_top5_final_report_e.pdf)
- Canadian Nurses Association. (2013b). Leadership in primary health care series. Retrieved from <http://tour.mapsalive.com/33453/page1.htm>
- Canadian Nurses Association. (2013c). *Social determinants of health* [Position statement]. Retrieved from [http://www.cna-aiic.ca/~media/cna/files/en/ps124\\_social\\_determinants\\_of\\_health\\_e.pdf?la=en](http://www.cna-aiic.ca/~media/cna/files/en/ps124_social_determinants_of_health_e.pdf?la=en)



Canadian Nurses Association. (2014a). Health in all policies toolkit [Online resource]. Retrieved from <https://www.nurseone.ca/en/tools/health-in-all-policies-toolkit/toolkit>

Canadian Nurses Association. (2014b). Health in all policies national action plan [Online resource]. Retrieved from [https://www.nurseone.ca/~media/nurseone/page-content/pdf-en/hiap-national\\_action\\_plan\\_e.pdf](https://www.nurseone.ca/~media/nurseone/page-content/pdf-en/hiap-national_action_plan_e.pdf)

Canadian Nurses Association. (2015). *CNA strategic plan: 2015-2019*. Ottawa: Author.

Canadian Nurses Association. (2015, June). Primary care, Primary health care: One of these things is not like the other. *Canadian Nurse*. Retrieved from <http://canadian-nurse.com/en/articles/issues/2015/june-2015/cna-now?page=8>

Canadian Nurses Association, Aboriginal Nurses Association of Canada. (2015). Nurses insist on accountable action following First Nations health report. *News Releases*. Retrieved from <https://www.cna-aiic.ca/en/news-room/news-releases/2015/nurses-insist-on-accountable-action-following-first-nations-health-report>

Canadian Nurses Association, Canadian Medical Association. (2011). *Principles to guide health care transformation in Canada*. Retrieved from [https://www.cna-aiic.ca/~media/cna/files/en/guiding\\_principles\\_hc\\_e.pdf](https://www.cna-aiic.ca/~media/cna/files/en/guiding_principles_hc_e.pdf)

Canadian Public Health Association, Health and Welfare Canada, World Health Organization. (1986). *Ottawa charter for health promotion*. Retrieved from [http://www.who.int/healthpromotion/milestones\\_ottawa.pdf](http://www.who.int/healthpromotion/milestones_ottawa.pdf)

Dahrouge, S., Devlin, R. A., Hogg, B., Russell, G., Coyle, D., & Fergusson, D. (2012). *The economic impact of improvements in primary healthcare performance*. Retrieved from the Canadian Health Services Research Foundation website: [http://www.cfhi-fcass.ca/Libraries/Commissioned\\_Research\\_Reports/Dahrouge-EconImpactPHC-E.sflb.ashx](http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Dahrouge-EconImpactPHC-E.sflb.ashx)

Frenk, J. (2009). Reinventing primary health care: The need for systems integration. *Lancet*, 374, 170-173. doi:[http://dx.doi.org/10.1016/S0140-6736\(09\)60693-0](http://dx.doi.org/10.1016/S0140-6736(09)60693-0)

Health Council of Canada. (2005). *Primary health care (to accompany Health care renewal in Canada: Accelerating change)* [Background paper]. Retrieved from <http://www.healthcouncilcanada.ca/tree/2.44-BkgrdPrimaryCareENG.pdf>

Kennedy, V. (2014). The value of registered nurses in collaborative family practice: Enhancing primary healthcare in Canada. *Nursing Leadership*, 27(2), 32-44. doi:10.12927/cjnl.2014.23746

Kingston-Riechers, J., Ospina, M., Jonsson, E., Childs, P., McLeod, L., & Maxted, J. M. (2010). *Patient safety in primary care*. Canadian Patient Safety Institute, B.C. Patient Safety and Quality Council. Retrieved from <http://www.patientsafetyinstitute.ca/en/toolsResources/Research/commissionedResearch/primaryCare/Documents/Primary%20Care%202010.pdf>



Mable, A. L., & Marriott, J. (2002). *Sharing the learning. The health transition fund synthesis series: Primary health care*. Retrieved from the Health Canada website: <http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2002-htf-fass-prim/index-eng.php>

Mable, A. L., & Marriott, J. (2012). *Canadian primary healthcare policy: The evolving status of reform*. Retrieved from the Canadian Health Services Research Foundation website: [http://www.cfhi-fcass.ca/Libraries/Commissioned\\_Research\\_Reports/MariottMable-Jan2012-E.sflb.ashx](http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/MariottMable-Jan2012-E.sflb.ashx)

Muldoon, L. K., Hogg, W. E., Levitt, M. (2006). Primary care (PC) and primary health care (PHC): What is the difference? *Canadian Journal of Public Health*, 97, 409-411.

Pomey, M.-P., Hihat, H., Khalifa, M., Lebel, P., Neron, A., & Dumez, V. (2015). Patient partnership in quality improvement of healthcare services: Patients' inputs and challenges faced. *Patient Experience Journal*, 2(1), 29-42. Retrieved from <http://pxjournal.org/journal/vol2/iss1/6>

Sajdak, L. (2013). *Primary healthcare models: A review of the evidence for a sustainable model*. Retrieved from [www.islandscholar.ca/download\\_ds/ir%3A8719/PDF/ir\\_8719.pdf](http://www.islandscholar.ca/download_ds/ir%3A8719/PDF/ir_8719.pdf)

Spenceley, S. (2014, summer). Leading the way in primary health care [President's update]. *Alberta RN*. Retrieved from <http://www.bmhc.net/pdfs/SSpenceley.pdf>

Wong, S. T., & Haggerty, J. (2013). *Measuring patient experiences in primary health care*. Retrieved from the UBC Centre for Health Services and Policy Research website: [http://www.chspr.ubc.ca/sites/default/files/publication\\_files/Patient%20experiences%20in%20P%20HC%202013\\_0.pdf](http://www.chspr.ubc.ca/sites/default/files/publication_files/Patient%20experiences%20in%20P%20HC%202013_0.pdf)

World Health Organization. (1948). *WHO definition of health*. Retrieved from <http://www.who.int/about/definition/en/print.html>

World Health Organization. (1978). *Declaration of Alma-Ata*. Retrieved from [http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf)

World Health Organization. (2007). *Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action*. Retrieved from [http://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

World Health Organization. (2008a). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved from [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)

World Health Organization. (2008b). *The world health report 2008: Primary health care (now more than ever)*. Retrieved from [www.who.int/whr/2008/en/index.html](http://www.who.int/whr/2008/en/index.html)

World Health Organization. (2010). *Adelaide statement on health in all policies: Moving towards a shared governance for health and well-being*. Retrieved from [http://www.who.int/social\\_determinants/hiap\\_statement\\_who\\_sa\\_final.pdf](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf)



World Health Organization. (2014). *Transforming health services delivery towards people-centred health systems* [Briefing note]. Retrieved from [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0016/260710/Transforming-health-services-delivery-towards-people-centred-health-systems.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0016/260710/Transforming-health-services-delivery-towards-people-centred-health-systems.pdf?ua=1)

## Also see:

CNA position statements:

[Interprofessional Collaboration](#)

[Practice Environments: Maximizing Outcomes for Clients, Nurses and Organizations](#)

[Social Determinants of Health](#)

Other CNA resources:

[Effective Health Care Equals Primary Health Care](#)

[Primary Health Care: A Summary of the Issues](#)

[Health in All Policies Toolkit](#)

© Copyright 2015, Canadian Nurses Association, 50 Driveway, Ottawa, Ontario, K2P 1E2, CANADA. All rights reserved. Permission to reproduce is permitted without changes and for non-commercial use. Refer to [www.cna-aiic.ca/en/terms-and-conditions-of-use#Copyright](http://www.cna-aiic.ca/en/terms-and-conditions-of-use#Copyright) for all terms and conditions to reproduce.

\*CANADIAN NURSES ASSOCIATION and the CNA logo are registered trademarks of the Canadian Nurses Association/Association des infirmières et infirmiers du Canada.

