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**CANADIAN NURSES ASSOCIATION**  
**ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**

## **PRIMARY HEALTH CARE: A NEW APPROACH TO HEALTH CARE REFORM**

**Notes for Remarks by**

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To the Senate Standing Committee on Social Affairs,  
Science and Technology

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## **INTRODUCTION: Nurses and Health Care Reform**

We are pleased to have this opportunity to address the Senate Standing Committee on Social Affairs, Science and Technology. On behalf of the Canadian Nurses Association, we applaud the committee's efforts to identify future directions and parameters for the health system.

In its invitation, the committee asked that we address several specific issues including the viability of alternative health system models and the impediments to reforming the health system. I would also like to speak to some of the points raised in the April 2002 report prepared by your committee, *Volume Five: Principles and Recommendations for Reform*.

First let me provide some background on my association and profession. The Canadian Nurses Association was created in 1908 by provincial and territorial licensing and professional practice associations to provide a voice for nurses on national and international issues. Today, there are about 255,000 registered nurses in Canada. Some 60 per cent of nurses provide direct care in hospitals. Others work in the community, offering preventive care to families, rehabilitative and treatment care to individuals, homecare and palliative care to the dying and their families. Nurses also are employed as occupational health experts and advisers in the insurance industry. Moreover, as the Canadian Institute of Health Information (CIHI) noted in its 2001 report on the health system, nurses are the major source of information and advice in the burgeoning tele-health service.

Not surprisingly then, nurses interact every day with Canadians seeking assistance to maintain and improve their health. As a result, nurses can identify trends in population and public health. They know the strengths and the weaknesses of Canada's health system. They see, first hand, the issues related to accessibility of services. Nurses witness the need to integrate health services with other aspects of social development policy. They work with change in the form of emerging research, knowledge and new technology. It is based on the collective knowledge and expertise of nurses that CNA prepared this statement.

We note the committee in its reports and in its correspondence, refers to "primary care." We would like to say three things about "primary care:"

- As in most systems, the various components of the health system are interdependent;
- Primary care is one component of the health system;
- Focusing on the primary care component will not address the challenges facing the health system.

## **Primary Health Care: A Viable Model for Health Care Reform**

Let me turn now to your query about viable models for reforming the health system.

In 1978, the World Health Organization (WHO) adopted the primary health care approach as the basis for effective delivery of health services. The primary health care approach is both a philosophy of health care and a model for providing health services. The focus of the primary health care approach is on preventing illness and promoting health. WHO identified five principles of primary health care: accessibility; public participation; health promotion; appropriate skills and technology; and intersectoral cooperation. All five principles are designed

to work together and must be implemented simultaneously in order to achieve the benefits of primary health care approach.

Let me describe each of these principles.

**Accessibility** means health services are universally available to all Canadians regardless of geographic location. Distribution of health professionals in rural, remote and urban communities is key to the principle of accessibility.

**Public participation** means clients are encouraged to participate in making decisions about their own health, in identifying the health needs of their community and in considering the merits of alternative approaches to addressing those needs. Adoption of the principle of public participation ensures respect for diversity. It also means the design and delivery of health care is flexible and responsive. Participation ensures effective and strategic planning for, and the evaluation of, health care services in a community.

**Health promotion** involves health education, nutrition, sanitation, maternal and child care, immunization, prevention and control of endemic disease. Effective health promotion activities reduce the demands for curative and rehabilitative care. Through health promotion, individuals and families build an understanding of the determinants of health and develop skills to improve and maintain their health and well-being.

**Appropriate technology** refers to the importance of adjusting to what your *Volume Five* report calls “new and evolving realities.” The principle recognizes the importance of developing and testing innovative models of health care and of disseminating the results of research related to health care. It also recognizes the imperative of ongoing capacity building and professional development of the workforce in an industry whose knowledge and technology infrastructure is continuously developing and changing. The principle also means individuals will receive appropriate care from the appropriate health care professional, within a time frame that is appropriate.

**Inter-sectoral cooperation** recognizes that health and well-being are linked to both economic and social policy. Inter-sectoral means experts in the health sector working with experts in education, housing, employment, immigration, etc. It also means health professionals from various disciplines collaborate and function interdependently to meet the needs of Canadians. This latter aspect links with Principle Ten in your report, which speaks about “interdisciplinary teams.” Inter-sectoral and intra-sectoral cooperation is needed to establish national health goals or “standards,” as your report calls them. It is also necessary to the development of healthy public policy and the planning and evaluation of health services.

In 1978, the director general of WHO described nurses as key to the implementation of the primary health care approach because of their close working relationship with the public. While nursing has adopted primary health care as a method to improve the health of Canadians, it has not become a focus for the Canadian health care system. The primary health care approach has remained largely untried in Canada, despite the fact that the 1974 Lalonde Report identified four elements affecting Canadian health: human biology, environment, lifestyle and the health care

organization. As well, primary health care has remained in the shadows despite the Canadian endorsement of the Ottawa Charter (1986), which further refined the concept of health promotion and incorporated four of the five principles from PHC (public participation, accessibility, health promotion and intersectoral collaboration).

### **From the Sidelines: Some Canadian Examples of Primary Health Care**

In addition to the conceptual frameworks, there are examples in Canada of effective **implementation** of the principles of primary health care. I want to highlight a few.

The work of the Northeast Community Health Centre in Edmonton embraces the primary health care approach. The centre provides a full range of services from prevention and health information, through treatment, chronic disease management and emergency services, to laboratory and diagnostic imaging. With the advice of a community advisory committee, the centre plans services to address the health care needs of new immigrants, seniors, children, adolescents and women. The centre is located on major bus routes and close to schools. The staff of the centre includes nutritionists, audiologists, social workers, public health nurses, emergency nurses, physicians, cultural workers and others. The staff works together to ensure effective responses to individual and family needs. There is an integrated information system that allows the various professionals to access and share files and information. This centre has strong links with other resources in the community such as schools, social housing and local workplaces.

Another example of primary health care approach at work is found in the North Shore Ambulatory Nursing Clinic, North Vancouver. The clinic focuses on health promotion. The clinic had noted a high number of appointment cancellations by cancer patients. This was attributed to conflicting appointments with other health professionals. At the same time, many of the clients of the cancer center had expressed a strong interest in improving their access to oncology care. Through consultation among various health professionals, a program of home visits by nurses was developed. The results of the program include coordination of care for cancer patients, improved access to appropriate services by the appropriate health professional and more efficient use of resources. Coordination and appropriate assignment of staff have meant improved quality of care and efficiencies in care delivery. For example, visit times have decreased from 45 to 24 minutes per patient. As a result the health system is more responsive. Each of the nurses now cares for 13 patients per day as compared to the previous average of six patients per day. A similar clinic has been developed in Ottawa as a research project on temporary funding.

In the area of telehealth, we have the University of Ottawa's Heart Institute, which provides both tele-health and tele-medicine. It provides cardiac consultations to clients in the North, especially in aboriginal communities. Congestive heart failure patients have continuous and uninterrupted (24/7/365) access to a nurse. Based on information about a patient's health information (blood pressure, weight, etc.), the nurses direct patients to adjust their diets or their medications or put the patient in direct contact with the appropriate professional. The patients participate in, and take ownership of, their own care. The benefits for the health system include decreased readmission rates.

A fourth example of primary health care is the street health teams, which are active in most of the cities across the country. These teams are made up of nurses, physicians, nutritionists, social workers, lawyers and other professionals, as well as the housing and criminal justice sectors. Their clientele are “out-of-the-mainstream” populations, such as the homeless. The health of these groups is challenged by poor diets, lack of housing and poor sanitation. Many suffer from diseases such as tuberculosis. Many have HIV/AIDS and Hepatitis C. Yet, they cannot access the health system. The street health teams bring their varied expertise to the street. Some of them focus on caring for the sick; others work on addressing the challenges these populations face – the challenges that determine their health status. In some cities, the street health teams provide needle exchange programs. In others, like in Ottawa, the team has raised funding and built a palliative care centre for the homeless.

And of course, there are telephone triage systems across the country, which support the principle of appropriate utilization of health care resources. This system engages the public in their health, fosters health promotion and facilitates access to advice and services. Ontario, Quebec and New Brunswick have province-wide systems. Staff in the New Brunswick program, for example, is able to respond to the questions and concerns of almost 75 per cent of its callers. This means the program has reduced the demands on, and inappropriate utilization of, emergency rooms.

### **Primary Health Care: The Benefits**

These initiatives offer the foundation upon which to build a national framework for our health system. They look beyond the traditional health care delivery; they link to schools and workplace environments and create partnerships and linkages. They focus on educating the public through health promotion and disease prevention. They encourage all Canadians to take an active role in their health.

The examples illustrate that when it comes to elements, like numbers, mix of professionals and range of services, there is no cookie-cutter response. They do show that implementing the primary health care approach can and does improve the quality and accessibility of care. Equally it can create efficiencies and cost savings. It also ensures that attention and resources are focused on prevention.

CNA believes that the five principles of primary health care offer a framework for re-building the health system in Canada.

From CNA’s perspective, there are three impediments to the full adoption of primary health care in Canada: systemic, human resource and attitudinal.

Examples of systemic barriers include a lack of supports for intersectoral collaboration, legislative and policy factors such as the Canada Health Act and the fee-for-service remuneration schemes that re-enforce a single point-of-entry and the curative focus for the health system. Funding instability has aggravated all of these systemic barriers.

The human resource barriers were described in our presentation to this committee last May. We note the your *Volume Five* report devoted a chapter to the issue of health human resources. Nursing applauds your attention to facilitating access to education. We would hope that your

recommendations might embrace continuing education as well. In a sector like health where new knowledge and technology changes are so rapid, life-long learning is a must.

Inadequate supply of nurses continues to be a problem and one that will continue into the next decade, if action is not taken. Certainly investments in recruitment and retention strategies are needed. So are decisions about scopes of practice. CNA believes all providers should work to their full scope. The Canadian Medical Association developed a statement of principles around decisions on scope of practice. CNA endorses this document and commends it to your reading.

Attitudinal barriers may be related to lack of importance given to the principles of primary health care. Canadians value expensive technology and “quick-fix” cures. However, health promotion often involves “low-tech” and medium- to long-term initiatives. Diagnostic and curative care, on the other hand, can involve the bells and whistles of technology. Thus the attention of the public – and policy makers – has been on the curative elements and dismissive of the preventive components of the health system.

Further attitudinal issues have been raised by the interchangeable use of the terms primary health care and primary care. The two concepts differ fundamentally... in the conceptualization of the underlying sources of a problem and, consequently, in the strategies adopted to bring about a solution. They also differ in their definition of health. Primary care is one important component of the health system. Primary health care is an approach enveloping that component as well as secondary and tertiary care. It is the primary health care approach that will help sustain the health system in Canada.

## **Conclusion**

Canadian nurses are passionate about the health of Canadians. We believe the present health system in Canada provides a strong base for the future. Nurses know that primary health care strategies exist to enhance the effectiveness and efficiency of the present system. We encourage the committee to recommend these strategies in its final report.