

Position Statement



College & Association of
Registered Nurses of Alberta

Incorporating Primary Health Care into Practice

An Approach to Improve Health

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, January 2020.

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CARNA's Position

The College and Association of Registered Nurses of Alberta (CARNA) supports primary health care as a philosophy and approach, best suited for providing equitable and accessible health care while enabling **clients**¹ to make the best decisions for their health. Primary health care promotes fiscal sustainability of the health care system, meets the health care needs of Albertans, and leads to positive health outcomes.

The fundamental values and components of primary health care align with those in the Canadian Nurses Association (CNA) *Code of Ethics* (2017), and are foundational to **nurses** in their practice: promoting health, preventing disease and injury, and restoring health through rehabilitation and recovery. This approach to health-care delivery is not setting-specific and occurs across life stages and the continuum of care.

Nurses understand and actively participate in promoting the components of primary health care in their practice to move towards a more comprehensive, equitable, efficient, accessible, and client-centred health-care system. Primary health care enhances continuity of care and bridges the gap between clients, health care providers, and services.

What is Primary Health Care?

The World Health Organization (WHO) reaffirmed its commitment to primary health care in the *Declaration of Astana* (WHO, 2018a). Primary health care is a whole-of-society approach to health that aims to equitably maximize the level and distribution of health and well-being by focusing on people's needs and preferences (both as individuals and communities) as early as possible along the entire continuum of care, and as close as feasible to people's everyday environment (WHO, 2018b).

Primary health care considers the health care needs of clients. It addresses the broader **determinants of health**, thus focusing on the comprehensive and interrelated aspects

¹ Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

of physical, mental, and social health and well-being. In primary health care, clients are active partners in making decisions that affect their health and health care (CNA, 2015).

Understanding primary health care helps nurses recognize how they may already use this approach in their practice and see opportunities to advance its components wherever they may work (CNA, 2015).

The goal of primary health care is to improve the health and well-being of clients by building relationships with clients, and other health and social service providers.

Components of Primary Health Care

Primary health care as an overall approach to health encompasses three components: integrated health services that meet people’s essential health needs throughout their lives; addressing the broader determinants of health through multisectoral policy and actions; and empowering individuals, families, and communities (WHO, 2019). These components form the most effective approach for providing equitable and accessible health care while enabling clients to make the best decisions for their health. The WHO (2018b) elaborates on these components:

- Integrated health services: Quality health services delivered at the individual client level or population level and across the continuum of care.
 - ◆ Individual health services are community-delivered and client-centred, provide the point of first contact, and ensure continuity of care, comprehensiveness, and coordination.
 - ◆ Population health services employ a public health approach to improve health and well-being on a large scale. Functions of public health include:
 - health protection
 - health promotion
 - disease prevention
 - surveillance and response
 - emergency preparedness

- Multisectoral policies and action: Systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behavior) through evidence-informed policies and actions across all sectors (e.g., social services, municipal services, economy, and health).
- Empowering people and communities: Empowering clients through education and health information highlights the essential role of clients as active participants in the planning of and decision making about their own health and the health of their communities by
 - ◆ contributing to the planning and implementation of policies that promote and protect health and that responds to their needs and preferences,
 - ◆ actively engaging in the organization, and delivery of health services in their community, and
 - ◆ co-creating their own health and well-being, and providing informal care to their friends and family.

Promoting Social Justice and Health Equity

Primary health care extends beyond the traditional health care system to include holistic services that encompass the **social determinants of health** such as income, housing, and education. Social determinants of health can also affect clients' ability to access and use health care, and are the primary factors behind inequities (CNA, 2015). Appendix A outlines the main social determinants of health.

Health inequities have a significant impact on client health and puts underserved groups at a further disadvantage. Primary health care is based on the values of solidarity and **justice** with an overall goal to achieve better health for all (WHO, 2018a). Addressing health inequities within the social determinants of health achieves this goal. Implementing primary health care benefits both the client receiving care as well as the public at large and enables nurses to provide equitable, timely, and accessible health care.

Nurses have a professional and ethical responsibility to uphold the principle of **social justice** and promote **health equity** through action on the social determinants of health (CNA, 2017).

Incorporating Primary Health Care into Practice

Nurses provide primary health care across different settings and work towards maintaining crucial links between clients and all areas of the healthcare system (International Council of Nurses [ICN], 2018). Nurses are in an excellent position to provide and contribute to the provision of direct client care, care coordination, and leadership in primary health care. The roles of the nurse in primary health care may include facilitator, educator, navigator, consultant, collaborator, coordinator, researcher, and caregiver. The scope within these roles will continue to evolve as the health needs of clients change (ICN, 2018).

The emphasis on health and health delivery systems has shifted from hospital to home, from institutions to communities, and from curative to preventative care. Nurses use their clinical skills, and further develop their leadership skills such as engagement, communication, facilitation, collaboration, change management, and teaching/coaching. These skills provide the continuity of care that bridges the gaps between clients, providers, and services in the variety of settings where care is provided.

The nurse's practice, guided by essential interventions considered fundamental to primary health care, can occur in any practice setting across the continuum of care. These interventions include, but are not limited to

- establishment of, and collaboration with, interprofessional teams of health-care providers based on the needs of clients;
- equitable access to health services by the most appropriate health-care provider in the most appropriate setting;
- integration of health services to avoid duplication and increase continuity of care and accessibility for the client;
- public participation in design of health services and allocation of resources;
- appropriate use of technology to access health information and teaching tools;

- assessments and interventions with clients that include the social determinants of health (CNA, 2018);
- collaboration with others to address and reduce the factors that cause **vulnerability**; and
- collaboration with others in and outside of the health sector, to reduce health inequity (CNA, 2018).

Current trends in health care indicate that people want to actively participate in decisions about their health care and intentionally seek information to make these choices. Nurses are in a strong position to encourage and support clients in accessing accurate health information and in meeting their health goals. When nurses apply the components of primary health care and practice to their optimized scope of practice, they provide effective care and improve client self-management, which leads to positive health outcomes (ICN, 2018). Nurses can reflect on the following questions to incorporate primary health care into practice:

- Are there factors/issues that affect the ability of clients to access health services?
 - ◆ Are there limited hours to access health services?
 - ◆ Can the client access health services by public transportation?
- How can health information and services be accessible in a client-centred manner?
 - ◆ Are translation services offered for clients of other cultures?
 - ◆ Are alternative forms of communication offered such as visual/oral aids, to meet **health literacy** needs?
- Do clients have input into the kinds of programs/health services are offered?
 - ◆ Is there client participation in health policy decisions?
- Do clients have input into the way in which the programs/health services that are delivered?
 - ◆ Is there client involvement in program/health services planning?
 - ◆ Is there client engagement in policy changes?
- Do you work as a team with professionals from other sectors?

- ◆ Are clients connected with community resources/supports as part of discharge planning?
- ◆ Are social determinants of health incorporated into admission and discharge planning?

Glossary

Client – refers to patients, residents, families, groups, communities, and populations.

Determinants of health – the broad range of factors that impact and determine individual and population health such as a person’s individual characteristics and behaviours, the social and economic environment, and the physical environment (Government of Canada, 2019).

Health equity – The absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups (Braveman & Gruskin, 2003, p. 256). Individuals, families, and communities have fair access to health resources.

Health inequities – Differences in health status or in the distribution of health resources among different population groups due to the social conditions in which people are born, grow, live, work, and age (WHO, 2017).

Health literacy – The ability to access, comprehend, evaluate and communicate information to promote, maintain, and improve health in a variety of settings across the life-span (Rootman & Gordon-El-Bihbrey, 2008).

Justice – Respecting the rights of others, distributing resources fairly, and preserving and promoting the common good (the good of the community) (CNA, 2017).

Nurse(s) – refers to all regulated members of CARNA including registered nurses, graduate nurses, certified graduate nurses, nurse practitioners and graduate nurse practitioners, and courtesy permit holders.

Social determinants of health – The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are most responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries (WHO, 2018c, para.1). Experiences of discrimination, racism, and historical trauma are also important social determinants of health for certain groups such as Indigenous Peoples (Government of Canada, 2019).

Social justice – The fair distribution of society’s benefits and responsibilities and their consequences. It focuses on the relative position of one social group in relation to others in society, as well as on the root causes of disparities and what can be done to eliminate them (CNA, 2009).

Vulnerability – Susceptibility to health problems, harm or neglect that could either be caused or influenced by physical, psychological, or sociological factors; is situational based on individual’s experiences (Healslip & Ryden, 2013).

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Appendix A: Social determinants of health

The main social determinants of health include:

- access to health services
- culture, race, and ethnicity
- early childhood development
- education and literacy
- employment, job security, and working conditions
- food insecurity
- gender
- income and income distribution
- Indigenous status
- personal health practices
- physical environments and housing
- social exclusion
- social support networks

(Mikkonen & Rapheal, 2010)