

# PLENARY SESSION II: IMPROVING HEALTH OUTCOMES: PARTNERSHIPS THAT WORK—SUMMARY ARTICLES

## PUBLIC HEALTH AND PRIMARY CARE: CHALLENGES AND OPPORTUNITIES FOR PARTNERSHIPS

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### Introduction

What is the relationship between primary care and public health in improving the health of all Americans? How do you develop strategies for creating effective partnerships between primary care and public health?

Dr. Barbara Starfield set the scene for answering both of these questions by reviewing the roles of each partner. Primary care's core functions include:

- providing the first contact for care;
- delivering person-focused rather than disease-focused care over time;
- comprehensively meeting the needs of the population; and
- coordinating/integrating services.

Public health's functions are to:

- assess health status;
- develop public health policy by promoting the use of scientific decision-making about public health; and
- assuring constituents that necessary services are being provided and involving key policy-makers in determining a set of high-priority personal and community-wide health services.

"Public health usually assumes responsibility for non-personal health services and for personal health services where populations are threatened and clinical care does not appreciate or address the health needs of populations," Dr. Starfield said.

To put the roles of primary care and public health in perspective, Dr. Starfield gave examples of the types of interventions that are needed in the primary, secondary, and tertiary phases of health care and talked about whether they are functions of private care or public health.<sup>1</sup>

Public health is responsible for primary prevention (health protection, promotion, and avoiding risk) for all people of a given age as a population, while public health and private care share responsibility for informing all individuals, including those with specific health needs to be met. Similarly, public health takes care of populations of people in secondary preven-

tion (early detection) but overlaps with private care in dealing with all individuals, selective groups, and indicated individuals. In tertiary prevention (remediation), public health and private care share the responsibility in all of the target groups.

The Survey of Locus of Responsibility for Selected Preventive Services: 2001 is an international comparison of health jurisdictions. Participants include Belgium; Quebec, Canada; Norway; Andalusia, Asturias, and Madrid, Spain; the United Kingdom; and the State of Illinois in the United States.

The study considered 3 target population groups, typical interventions for those groups and the types of healthcare providers delivering the services. The target groups are: 1) all individuals (age and gender appropriate); 2) sociodemographically indicated groups; and 3) individually indicated groups. The interventions are immunizations and PKU screening for all individuals; breast cancer screening, hypertension screening, TBC screening, and HIV screening for sociodemographically indicated groups; and osteoporosis screening for individually indicated groups.

In PKU screening, the survey revealed that public health agencies are more likely to set policy, that primary care providers and hospitals only have the most contact with those needing the screening, that hospitals do most of the follow-up and that primary care providers and hospitals are equally active in keeping permanent records. In tuberculosis screening, public health sets most of the policies, while primary care providers take the lead in contacting those who need screening, following up, and keeping permanent records. What characterizes the findings, however, is the variability both across and within countries.<sup>2</sup>

Public health and primary care can do a number of things together. They can:

- set goals;
- coordinate the planning and development of health information systems;
- conduct surveys of needs, access, use, and adequacy of care;
- enhance the monitoring and regulation of needs, access, use, and adequacy; and
- evaluate the results in terms of changes in health needs,

effectiveness of services, attainment of equity in services and in patient health.

Responsibilities of clinical settings include:

- rostering the community;
- public health personnel working as integrated but separate division within primary care settings;
- public health personnel delivering services, especially to individuals in the entire population and individuals in selected sub-populations; and
- monitoring the adequacy of primary care services.

Dr. Starfield recommends a Primary Care Assessment Tool for monitoring primary care services. This instrument is designed to assess the strengths and weaknesses with the primary care setting; the tool measures:

- first-contact access and use;
- longitudinality (identification with a place or provider and interpersonal relationships);
- comprehensiveness of care (services available and services actually provided);
- coordination (information transfer, integration of care);

- community orientation;
- cultural sensitivity; and
- family-centeredness.

“During the 1900s, we saw changes in medicine that fostered an individual orientation,” Dr. Starfield said. “The emphasis was on chronic illness and disease, the use of technology in diagnosing illness and disease, and ‘magic-bullet’ solutions in health care.”

The 21st century will focus on populations, Dr. Starfield continued. The issues will include multiple determinants of health, disparities in health care, illness as co-morbidity, health as a positive value, and health services reform.

“The problem is whether primary care will be able to make the transition from the individually-focused care of the 1900s to the population-oriented care of the 2000s,” she said. Partnerships will make the difference.

#### REFERENCES

1. Starfield B. Public health and primary care: a framework for proposed linkages. *Am J Public Health*. 1996;86(10):1365–1369.
2. Starfield B, Sevilla F, et al. Linkages between primary care and public health. *Eur J Public Health*. In press.