A Comparison of Ontario and British Columbia Public Health Policies

Promoting Collaboration with Primary Care (Part D)

Ruta Valaitis, Esther Sangster Gormley, Linda O’Mara, Nancy Peroff-Johnston, Sandra Regan, Sabrina Wong

Canadian Public Health Association Conference
June 16, 2010
Acknowledgements

Funding:

Research Assistants:
Amy Cox (BC) and Rebecca Spark (ON)
Why Collaboration?

• Health care system outcomes:
  – improved population health and public health approach
  – funding and resource enhancements;
  – health service delivery improvements;
  – improved health service delivery process;
  – new program development and innovation.

• Health professional outcomes
  – improvements with partnerships and team functioning,
  – health professional development, and
Why Collaboration?

• “...parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible.”

Research Questions

To explore content of Ontario and British Columbia policy documents with respect to collaboration with primary care.

1. What **terms** are used to denote ways of working together with partners, and with primary care?
2. What **types of partners** are identified?
3. What **principles** are inherent in relation to working with partners, and with primary care?
4. What **activities** should public health engage in with their partners, and in with primary care?
5. What are the **expected outcomes** of working together with partners, and with primary care?
Methods

• **Content analysis using Nvivo 8**

**Inclusion Criteria**
Policy documents containing content related to:
  - CDP or STIP, and;
  - working together with another partner, e.g., community organizations, other sectors, Ministries, community members, primary care, Health Authorities

**Exclusion Criteria**
  - does not include content that describes working in partnership with individuals/families/clients when providing care, e.g., teaching clients about STIP
Methods

• **CDP definition includes activities related to:**
  • Healthy eating
  • Physical activity
  • Screening for cancer

• **STIP definition includes activities related to:**
  • Education
  • Immunization
  • Harm reduction
  • Contact tracing/partner notification
12 Documents Included

**ON (n = 4)**
- OPHS Standards 2008
- Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol
- Population Health Assessment Protocol
- Infectious Diseases Protocol, 2009

**BC (n = 8)**
- BC Core Functions Resource Document
- Model Core Program Papers
- Healthy Living
- Reproductive Health and Prevention of Disabilities
- Healthy Infant and Child Development
- Healthy Communities
- Unintentional Injury Prevention
- Health Assessment and Disease Surveillance
- Unintentional Injury Prevention
Terms depicting working with all types of partners

<table>
<thead>
<tr>
<th>TERM</th>
<th>Documents</th>
<th>BC (n=8)</th>
<th>ON (n=4)</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborat*</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Partner*</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>Linkage</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Coordinat*</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Integrat*</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Providing leadership to</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Providing support to</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Working with</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Consult with</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Community participation</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Facilitat*</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Communicate with</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cooperat*</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Distribute to</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Terms depicting working with primary care partners

<table>
<thead>
<tr>
<th>Terms</th>
<th>BC</th>
<th>ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner*</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Collaborat*</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Support</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Coordinat*</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Linkage</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Assist*</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Interface with</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Involvement</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Partners identified in content</td>
<td>Documents (References)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Health Sector</strong> (Boards of Health, Health Authorities, LHINs, health professionals, hospitals, health care providers, primary care, and various disciplines)</td>
<td>12 (224)</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care only (1 reference in ON)</strong></td>
<td>8 (25)</td>
<td></td>
</tr>
<tr>
<td><strong>Generic Groups</strong> (community groups, community partners, NGOs, networks, organizations, citizens, First Nations)</td>
<td>12 (93)</td>
<td></td>
</tr>
<tr>
<td><strong>Government Sector</strong> (Ministries, local government, municipal councils, policy makers)</td>
<td>12 (93)</td>
<td></td>
</tr>
<tr>
<td><strong>Social Service Sector</strong> (recreation, social services, correctional services, housing)</td>
<td>11 (33)</td>
<td></td>
</tr>
<tr>
<td><strong>Academic Sector</strong> (academic institutions, elementary/secondary schools, researchers)</td>
<td>10 (48)</td>
<td></td>
</tr>
<tr>
<td><strong>Private Sector</strong> (food premises, Chamber of Commerce, media)</td>
<td>7 (30)</td>
<td></td>
</tr>
<tr>
<td><strong>Workplaces</strong></td>
<td>4 (15)</td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Sector</strong></td>
<td>2 (2)</td>
<td></td>
</tr>
</tbody>
</table>
Principles shared by BC and ON

- PH is essential part of larger health system that has a common vision
- Partnership seen as a foundational principle
- Making broad societal changes requires multiple partners
- Collective contribution of partners needed to reach goals
- Collaborative development of population health profiles needed to understand health of population and to interpret/prioritize needs
- Achieving population outcomes dependent on integration of PH programs and broad community goals
- Shared knowledge between partners can leverage resources, align community goals
Principles found in BC but not ON documents

• Collaboration necessary for a comprehensive approach
• Integrating goals and messages leads to effective social change
• Partnerships based on equal relationships and inclusivity
Examples of STIP activities working with partners

Partner Notification and Harm Reduction Activities

• Plan and develop harm reduction programs with partners
• Consult with health care providers regarding partner notification strategies
• Coordinate care with health care providers to achieve comprehensive and consistent approach to STIP
• Referrals for harm reduction and contact tracing
Examples of CDP activities working with partners

Physical Activity and Healthy Eating Activities

- Plan and develop programs/services
- Build capacity of community partners to coordinate and develop regional/local programs and services
- Conduct needs assessments with partners
- Review, adapt, and/or provide behaviour change support resources and programs
- Share best practice evidence
- Develop and implement policies
SELECTED EXAMPLES OF EXPECTED ACTIVITIES WITH PRIMARY CARE AS A PARTNER
A Framework for Core Functions in PH Resource Document (BC)

• “...This document provides a framework to help strengthen public health and improve population health in British Columbia. It is the intent of the Ministry of Health Services that Core Functions in Public Health will identify the key set of public health services that health authorities will provide and will strengthen the link between public health, primary care, and chronic disease management.”
Partnership and Collaboration

• “Public health programs and services involve extensive partnerships within the health sector (e.g., Local Health Integration Networks and primary health care).”
Intersectoral Collaboration and Integration / Coordination

• “…intersectoral collaboration was recognized by the expert group to be essential, and health authorities are encouraged to take this approach in healthy living programs. Effective tobacco control, healthy eating and physical activity programs can only be implemented with strong collaboration and support from other key groups within the health sector, such as primary care physicians, and public health programs such as chronic disease prevention, home and community care, pregnancy outreach, and infant/child and youth health services.”
Multidisciplinary health care providers

• “Collaboration by a range of health care providers is important to highlight the preventive health care role in partnership with public health. These partners include primary care practitioners, acute care practitioners, neonatologists, pediatricians, nurses, nutritionists, speech therapists, dental care professionals, infant development program specialists, other health care providers and other specialized practitioners.”
Health Promotion

• “Facilitate and encourage coordination and collaboration among primary care and acute care health providers, public health professionals, dental hygienists, occupational and physical therapists, speech therapists, nutritionists, social service agencies, and other allied professionals working with infants and young children.”
BC - Communicable Disease MCPP

- “Strengthen partnerships with private physicians through enhanced communication, advocacy, support and promotion for quality services.”
Partnership Indicators

BC - MCPP Healthy Communities

Indicators for Healthy Health Care

• Health authority strategic plan includes health promotion strategies for health authority including:
  – Primary care teams included in health promotion (yes/no)

ON- OPHS 2008

• The quality and scope of local partnerships shall be an essential indicator of success for boards of health in achieving and maintaining the leadership role required to create the conditions necessary for effective change. Boards of health shall continually monitor and evaluate local partnerships and collaborations to determine their effectiveness.
Expected Outcomes

• Promotion of population health
• Relevant audiences have access to available information
• Increased awareness of relevant and current population information
• Increased community participation and capacity
• Reduction in inequities
• Increased awareness of research regarding determinants of health
• Increased policy development
• Effective partnerships to promote public health KTE
Conclusions

• Language used for working together is varied
• Terms are not defined, although “collaborate” and “partner*” are most common
• Working together with others is highly valued
  – Including health sector and many inter-sectoral partners
  – Expected ways of working vary
Conclusions

• Working with primary care partners in CDP and STIP is expected in BC and ON, although BC provides explicit direction as to strategies for working with PC compared to ON
Future Steps

• Future research will explore how the these policy documents (and the messages in them) have been implemented and how they may have influenced primary care and public health collaboration in the 2 provinces over the next 4 years