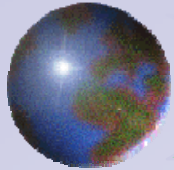


Primary Health Care Nutrition
Canada

Paula M Brauer, PhD, RD

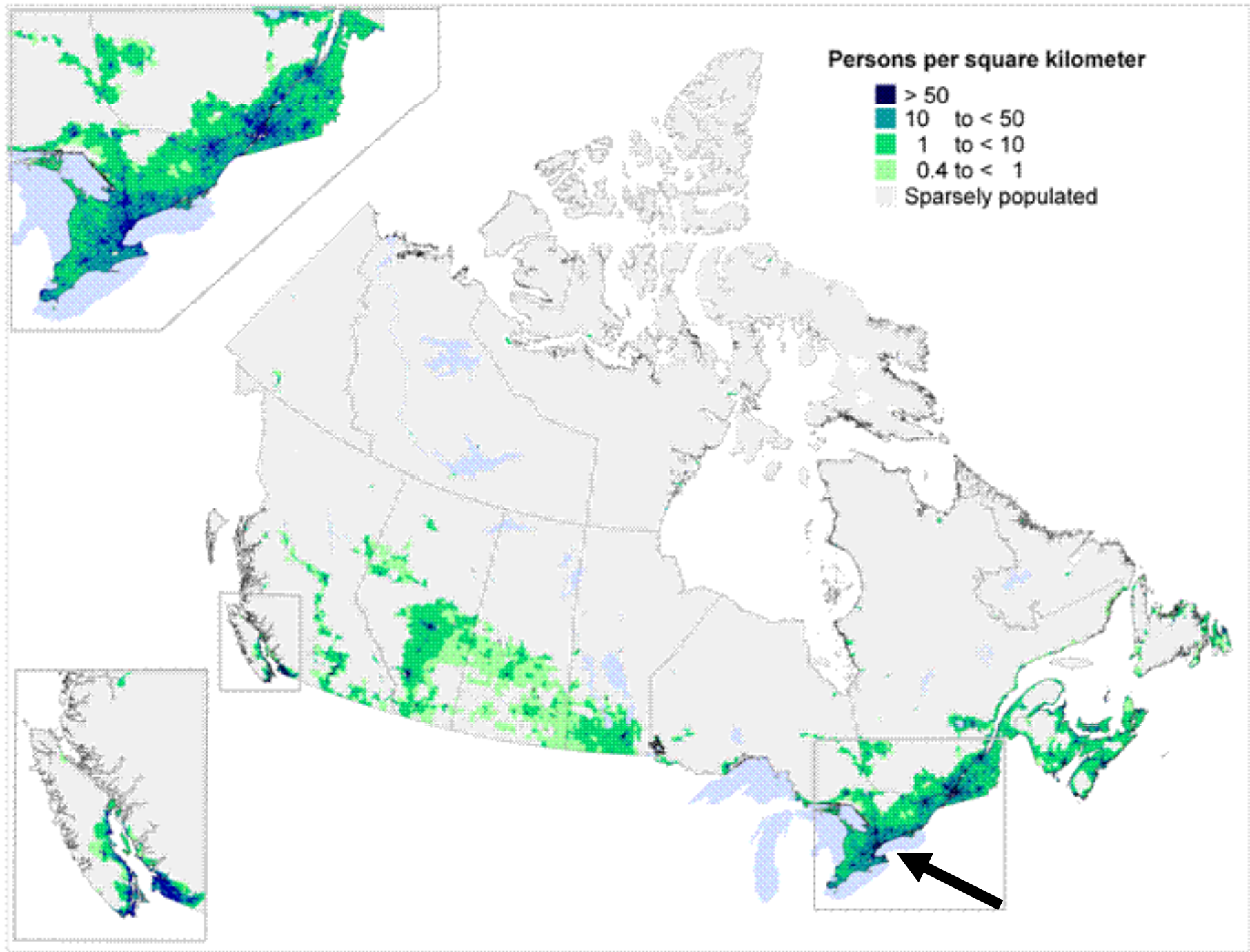
pbrauer@uoguelph.ca

University of Guelph, Ontario, Canada

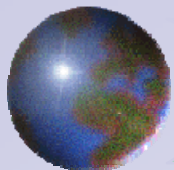


Outline

- Canada's health care system
 - Professional groups
- Key nutrition related health issues
- PHC reform efforts
 - Building a community of practice
 - Research
 - Education

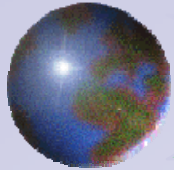






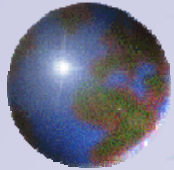
	Canada	Brazil
Population (M)	33.2	194.2
Urban (%)	80	86
Fertility rate (/w)	1.5	2.2
< 15 years (%)	16	27
> 60 years (%)	22	11
Life expectancy (y)	81	73
Life expectancy-Aboriginal	~73	

PAHO, Regional Core Health Data Initiative, Last available, Accessed Oct 2008



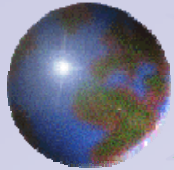
Issues for Planning

- ❑ Highly decentralized political system
- ❑ Aging population
- ❑ Rural and remote populations
- ❑ Cultural diversity – immigration
- ❑ Aboriginal health issues



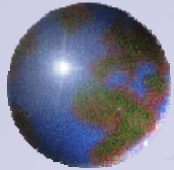
B l e n d e d F u n d i n g

- ⊕ 13 provincial or territorial health insurance plans
- ⊕ Publicly Funded: Medicare -70%
 - ⊞ Medically necessary physician and hospital services
 - ⊞ No co-payment on point of service
 - ⊞ Essentially no private system
- ⊕ Private insurance & "out of pocket" - 30%
 - ⊞ Drugs and dental
 - ⊞ "Other" health professional services



Workforce - Regulated Professions

- ⊕ Physicians
 - ▣ Family physicians, specialists
- ⊕ Nurses
 - ▣ Nurse practitioners
- ⊕ Pharmacists – dispense only
- ⊕ Dietitians – food service, public health, clinical
- ⊕ Physiotherapists, occupational therapists
- ⊕ Social workers
- ⊕ Psychologists



Primary Health Care Definitions

❖ Physician based primary care

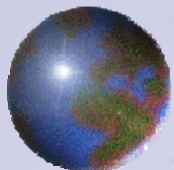
❑ Run as small businesses

- 83% fee for service
- 17% alternative payment models
- Teams, capitated/incentive-based

❖ Public health

❑ Services differ by province and region

❑ Mix of community and direct services

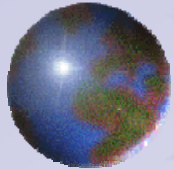


Typical patient access to primary care

✚ 96% of adults have a regular doctor or place of care

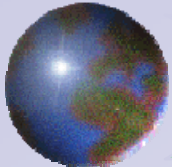
– Canadian Survey of Experiences with Primary Health Care, 2007 To be released Dec 2008.

www.healthcouncilcanada.ca

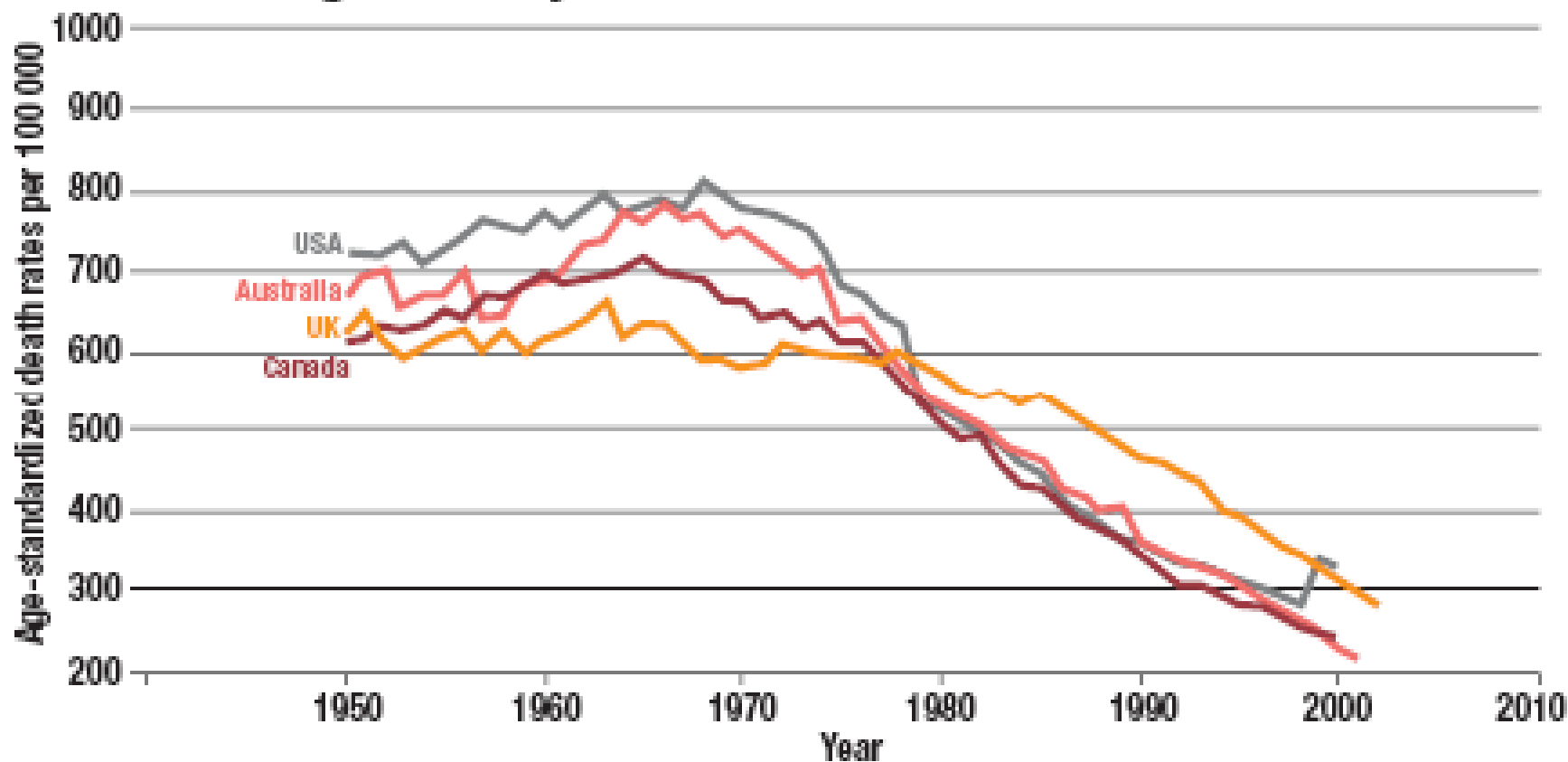


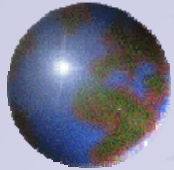
Access to PHC nutrition services

- ❖ Ad hoc in each community
- ❖ Public health not involved in primary care
- ❖ Highly variable services
 - ❑ Physician advice only
 - ❑ Good service in team-based health centres
 - ❑ Referral to hospital-based RD



Heart disease death rates among men aged 30 years or more, 1950–2002

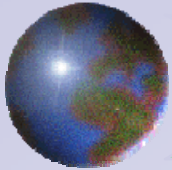




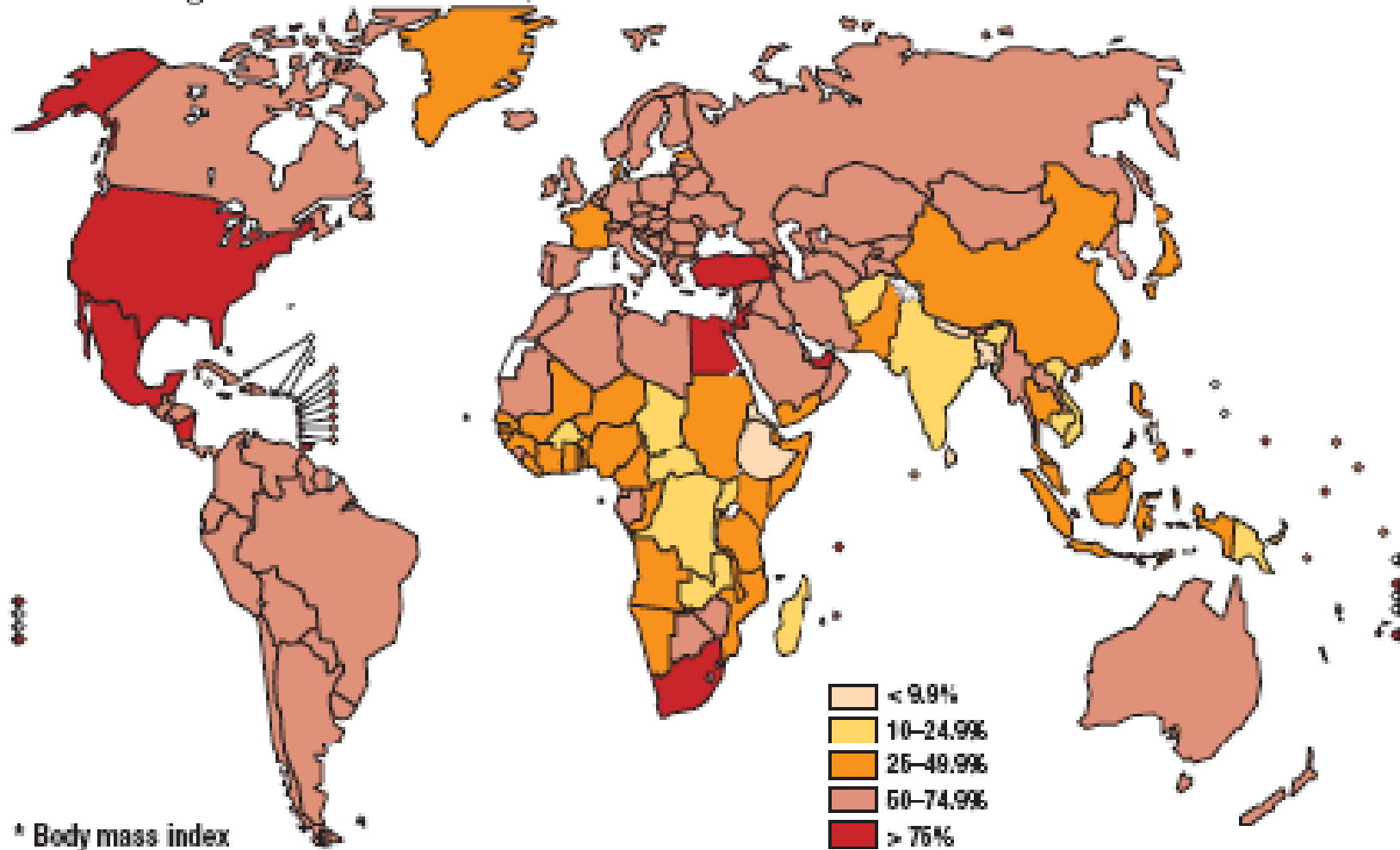
Past Decline in CVD Mortality

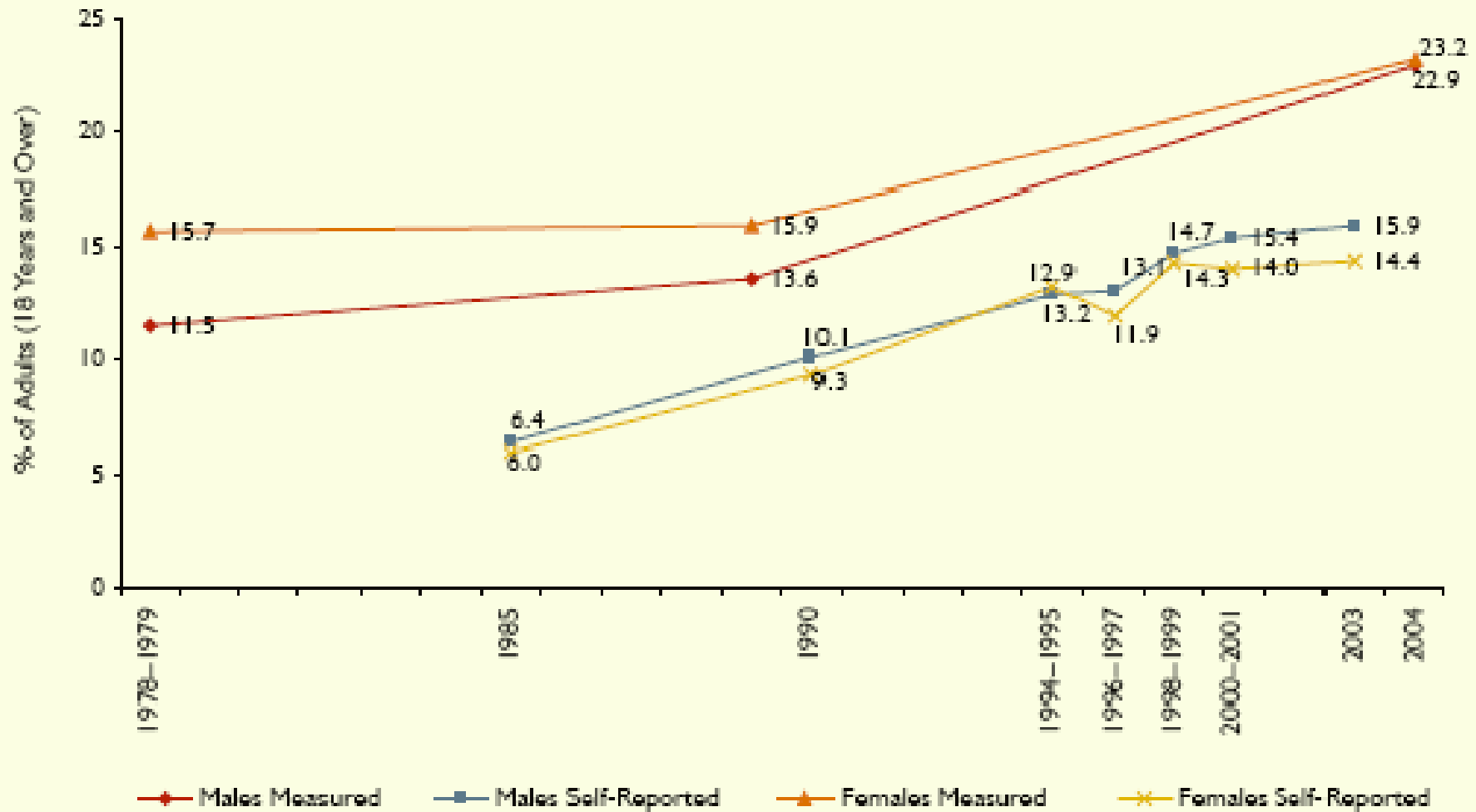
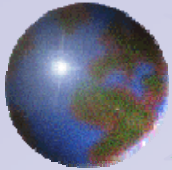
❖ Multiple reasons

- ❑ Decreased smoking – strict laws, taxation
- ❑ Diet changes – decreased saturated fat
 - Total fat 38% (1972) to 31% (2004)
- ❑ Aggressive treatment of high blood pressure, high cholesterol, Type 2 diabetes
- ❑ Better management of clinical disease



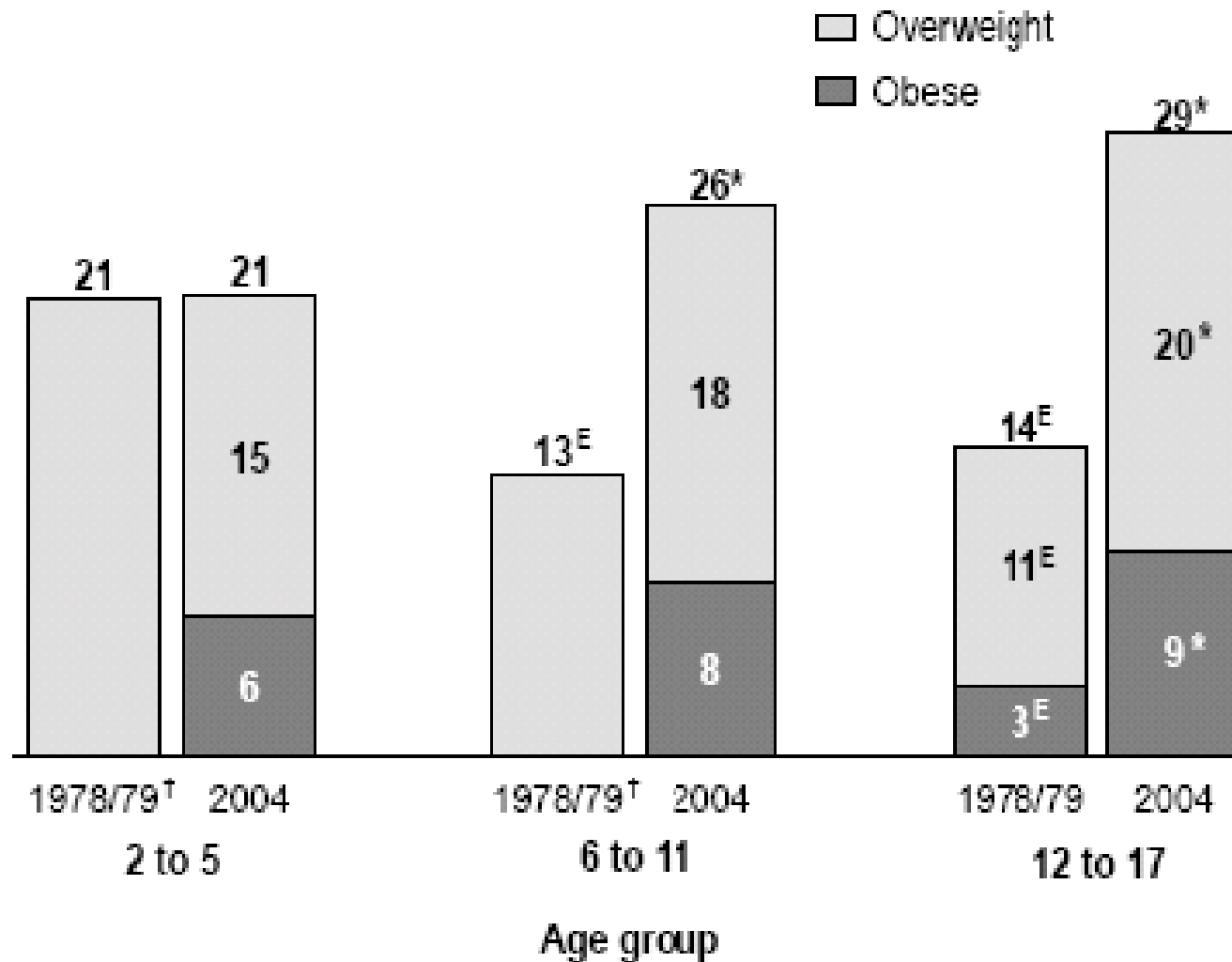
Projected prevalence of overweight (BMI* ≥ 25 kg/m²), women aged 30 and above, 2005



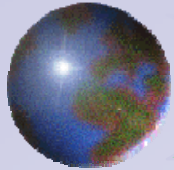


Shields M, Tjepkema M. Health Reports 2006; 17(3).

Percentage overweight or obese, by age group, household population aged 2 to 17, Canada excluding territories, 1978/79 and 2004

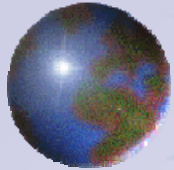


Shields M, Tjepkema M. Health Reports 2006; 17(3).



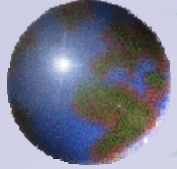
Increasing insight on health system costs

- ⊕ Costs partly drove PHC reforms early 1990s – drugs, technology
- ⊕ More recently, chronic diseases
 - ⊠ A main driver of costs in the system
 - ⊠ Poorly controlled
 - ⊠ Not prevented
 - ⊠ Better control decreases health care costs



Key results – recent small studies

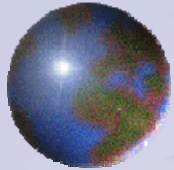
- ❖ One half of diabetes have A1c > 7.0mmol/L
- ❖ 56% of those with high blood pressure were untreated
- ❖ 63% of those with dyslipidemia were untreated



Activities to Date

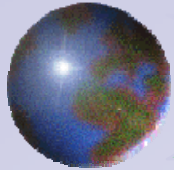
✿ **Luck is what happens when
preparation meets opportunity.**

– *Seneca, Roman dramatist, philosopher, & politician
(5 BC - 65 AD)*



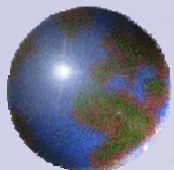
Building a Community of Practice

- Advocate among RDs and with public health nutritionist to develop common view on who does what re PHC nutrition
 - Develop committee with representatives from all sectors of nutrition services in ON
 - Develop vision – publish in national journal
 - Invite speakers to national conferences
 - Develop role paper – get reviewed
 - Teach students
 - Get more people involved!



Conduct Research

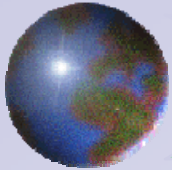
- ✚ Primary Health Care Transition Fund (PHCTF) 2000-06



Provincial – Role of the Dietitian in Family Medicine Practice

Develop nutrition
services in a Primary
Health Care Model in
the province of
Ontario

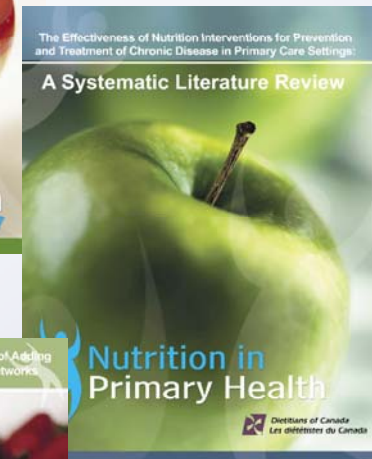
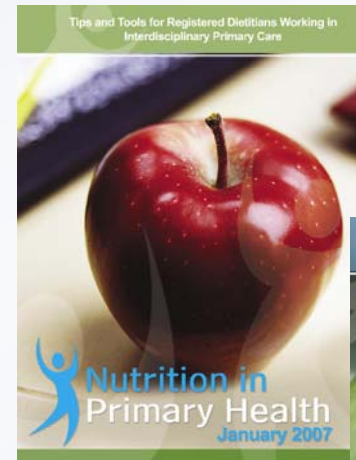


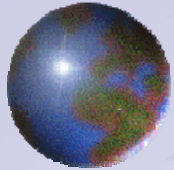


Tools and Resources

to support the Role of the Dietitian in Family Medicine Practice

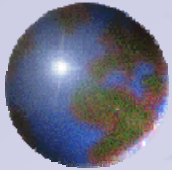
- Toolkits for dietitians
- Delphi process to design service
- Key informant interviews
- Human Resource and Cost Estimates
- Systematic Review of Reviews 1999-2004
- Health Promotion
- www.dietitians.ca under Resource Inventory





Work with Others

- ❖ 20 people on Steering Committee for 150 Family Health Teams
- ❖ Capitated model – multiple providers
- ❖ Key feature is guided process to improve practice and evaluation
 - Wagner model and PDSA cycle



Ontario Family Health Teams



**Quality Improvement
& Innovation Partnership**
SUPPORTING ONTARIO'S FAMILY HEALTH TEAMS

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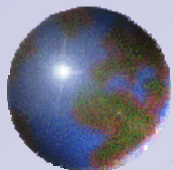
News & Notes



The Expanded Chronic Care Model: Integrating Population Health Promotion



Created by Victoria Barr, Sylvia Robinson, Brenda Marin-Link, Lisa Underhill, Anita Dotts and Darlene Ravensdale (2002)
 Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Solberg, L. (2001) "Does the Chronic Care Model also serve as a template for improving prevention?" *The Milbank Quarterly*, 79(4),
 and World Health Organization, Health and Welfare Canada and Canadian Public Health Association. (1986). Ottawa Charter of Health Promotion.

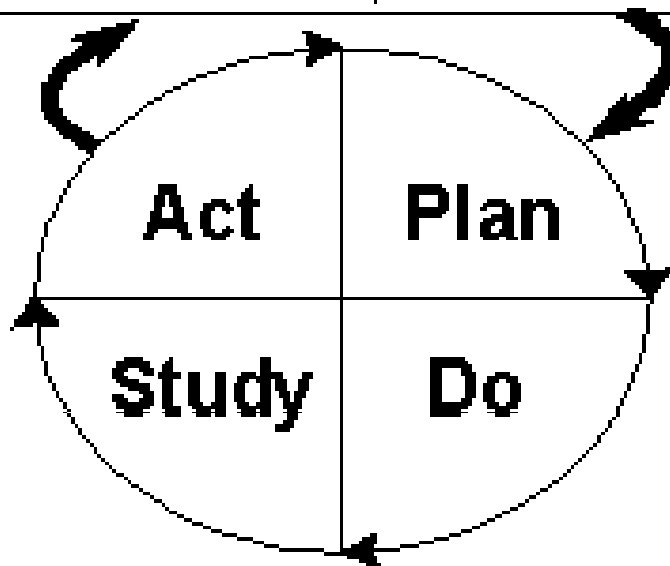


Model for Improvement

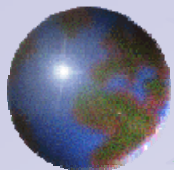
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



At: www.healthdisparities.net/hdc/html



Dietetic Practice in PHC

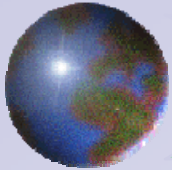
2001

- 28% of DC members (1390) work in PHC settings, including public health and private practice

2008

- 44% of DC members (2448) work in PHC settings

76% increase



Common Ground in PHC Nutrition?

Outpatients

