

## Happenings

### **New Opportunities for Nurses in Primary Health Care and Population Health**

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Primary health care (PHC) has been soundly adopted by the nursing profession as both an approach to service delivery and a basis for intriguing research questions. Over the past 25 years, several significant events have provided momentum for research in the field of PHC: the *Alma-Ata Declaration* of 1978, the *Ottawa Charter for Health Promotion*, and, more recently, initiatives in the field of population health.

The *Alma-Ata Declaration* gave us pause to examine approaches to health-care delivery that ensure diverse populations access to basic health-care services. The tenets of the *Alma-Ata Declaration* continue to be put in place with international initiatives led by Canadian nurses. Current examples include a PHC training initiative in Vietnam led by Memorial University of Newfoundland; training for renewal in PHC being undertaken through a partnership between the Mozambican Health Ministry and the University of Saskatchewan; preparing the next generation of community health nurses in Ghana, an initiative led by the University of Alberta; PHC training programs in Pakistan and in a rural area of South Africa, initiatives led by faculty at McMaster University; and participatory training for grassroots maternal and child health-care workers in China and the design of decision support tools for PHC in Chile, projects led by nursing faculty at the University of Ottawa. These international projects funded by the Canadian International Development Agency provide opportunities for the involvement of Canadian nurses in innovative PHC design and evaluation. It may be timely to consider how we might better use these

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important initiatives as a base for research and as a means of bringing lessons learned from the South to the North.

Health promotion emerged as a tour de force in the 1980s, marked by release of the *Ottawa Charter for Health Promotion* in 1986. The Canadian Consortium for Health Promotion Research has emerged as a strong voice for health promotion, with representation from many Canadian regions. It is composed of 14 research centres, all of which have been in existence for at least 6 years. Partners for individual centres include Health Canada, universities, provincial health ministries, non-governmental organizations, community groups, and service delivery agencies. The Consortium supports the work of member centres by providing opportunities for networking and information exchange, facilitating opportunities for collaborative research, and advancing health promotion research in Canada. It also serves as a conduit for health promotion expertise and knowledge at the national level. Working groups of the Consortium reflect innovative research underway in Canada. Examples of such groups include those tackling issues of health promotion and health reform, intersectoral collaboration, and poverty and health. Nurses are key members of these groups, providing leadership on health promotion research teams.

The Canadian Public Health Association conference, to be held in Ottawa in October 2000, will provide opportunities for dialogue on PHC and what it means for research and service delivery at the turn of the century. A forum on the Evaluation of Health Promotion Initiatives, to be hosted by the Canadian Consortium for Health Promotion Research in conjunction with the conference, is expected to stimulate discussion of key evaluation issues.

The debate on population health currently underway (Edwards, 1999; Hayes & Dunn, 1998; Raphael & Bryant, 2000) encourages us to deepen our understanding of health promotion and population health approaches and to question their relative contributions to the issues of health-care reform. Nursing input into this dialogue is essential. Fundamentally, the population health debate is about better understanding the determinants of health and tackling inequities in health status (Green, 1994; Hertzman & Hayes, 1992; Ross et al., 2000). These issues have also fuelled the PHC and health promotion movements. They remain a critical source of research questions. Nurses in Canada are well positioned to join and lead multidisciplinary teams tackling these challenging research questions as they bring together the traditions of qualitative and quantitative research.

Exciting opportunities are being created and will support the full participation of Canadian nurses in leading-edge population health initiatives. Examples include the establishment of nursing research chairs by the Canadian Health Services Research Foundation; proposals to the interim governing council of the Canadian Institute of Health Research suggesting a slate of institutes that embrace population health; the availability of population health research funds from provincial and federal agencies; and the creation of new positions for post-doctoral fellows and visiting scholars to prepare the next generation of researchers in the fields of health promotion and population health. Examples of the latter can be found at the Institute of Health Promotion Research at the University of British Columbia, which has a well-established visiting scholar program, and the University of Ottawa, which is establishing new post-doctoral fellowship awards within its recently launched Institute for Population Health.

Each of these opportunities promises to enrich these fields of study (PHC, health promotion, and population health). They will also help to ensure that nurses are front and centre in the design, implementation, evaluation, and dissemination of new knowledge and insights as we wend our way through the current era of health-care reform.

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