

Primary Health Care Services and Peterborough County-City Health Unit: Partners in Health

Project Backgrounder

The **Interprofessional Partnership on Chronic Disease Prevention** is a primary prevention project initiated by the Peterborough County-City Health Unit in partnership with Primary Health Care Services of Peterborough.

Long-Term Goal:

To reduce the risk of stroke and other chronic diseases among all adults.

Project Rationale

Research is clear that certain health behaviours contribute to the prevention of chronic diseases such as cardiovascular diseases, cancer, and diabetes. Chronic disease prevention practices fall along a continuum and primary care providers play a significant role in guiding patients to make positive health behaviour choices. By empowering patients to change health practices that lead to healthy eating, active living, smoking cessation and limited alcohol use, we can reduce the number of patients at risk for chronic disease.

The 2007 Canadian Community Health Survey revealed the following data for the City and County of Peterborough:

- ❖ 21% of residents are current smokers, daily or occasional;
- ❖ 24% of residents are binge drinking (5 or more drinks on one occasion) at least once a month in the past year;
- ❖ 61% of residents are not eating more than 5 or more fruits and vegetables per day;
- ❖ 41% of residents are not engaging in moderate or active physical activities;
- ❖ 31% of residents report being overweight and 18% report being obese; and
- ❖ 34% of deaths in Peterborough between 2000 and 2004 were diseases of the circulatory system including heart disease and stroke.

Key Components of the Project

- ❖ Consultations with Family Health Team members;
- ❖ Exploring screening practices;
- ❖ Training for brief clinical interventions or motivational interviewing;
- ❖ Provision of a Chronic Disease Prevention Resource Kit; and
- ❖ Delivering public education messaging.

Anticipated Outcomes of the Project

- ❖ Healthy adults are screened for potential chronic disease lifestyle risk factors including healthy eating, physical activity, alcohol use and smoking cessation;
- ❖ Behaviour change options are discussed with the patient using motivational interviewing and/or minimal contact intervention techniques;
- ❖ Community services and programs that address lifestyle risk factors are recommended to the patient;
- ❖ Individuals learn about the importance of screening and are prepared to discuss these risk factors with their primary care practitioner;
- ❖ Barriers to addressing lifestyle risk factors are identified and communicated to the Ontario Stroke System, Ministry of Health Promotion; and
- ❖ Collaborative work between primary care and public health is enhanced.

Who is Guiding this Work?

An Interprofessional Partnership Advisory Team has been formed. The primary purpose of the Team is to provide feedback and direction regarding the approach we take, the materials we create and the training we offer. The team includes representatives from five primary care provider groups:

- ❖ Dr. Don Spink, Family Physician
- ❖ Joanna Charlton, Nurse Practitioner
- ❖ Melanie Smith and Alyson Kubica, Dietitians
- ❖ Stacey Sanderson, Social Worker
- ❖ Lynda Chilibeck, Pharmacist

The Peterborough County-City Health Unit's Interprofessional Partnership Team:

Mary Pat Fasken, PHN
mpfasken@pcchu.ca
743-1003 x217

Monique Beneteau, Health Promoter
mbeneteau@pcchu.ca
743-1003 x309

Cathy Therrien, PHN
ctherrien@pcchu.ca
743-1000 x239

Funded by the Ontario Stroke System, Ministry of Health Promotion until March 2010.