

# *Primary care as a foundation for upstream health systems*

Primary Care Crisis 2023

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# What would an “upstream” health system look like?

Remember, the system of tomorrow has not yet been built, but will be the product of our vision and effort today

# Upstream Health Systems

A system that continuously supports the improvement of health (in the broadest sense) and human rights throughout the life course of all members of the community, through a primary focus of attention and resources on root causes (while maintaining the capacity to address acute illness), community ownership and governance, direct action on policy change, and is a catalyst for creative alternatives in other parts of society that impact education, housing, work, food and water, and social connection.

# BUILDING BLOCKS OF UPSTREAM HEALTH SYSTEMS

# Building blocks

## 1. Evidence on interventions that go upstream, integrated and scaled up in health systems

Individual/clinical-level  
Organizational-level  
Community-level

Food as medicine: Programs, doctors look to fill nutrition prescription

ANN HUI > NATIONAL FOOD REPORTER  
PUBLISHED FEBRUARY 26, 2022



<https://www.theglobeandmail.com/canada/article-food-as-medicine-programs-doctors-look-to-fill-nutrition-prescription/>

### Doctor's orders: a prescription for income security

Ontario Disability Support Program. She will also help patients reduce expenses, complete their taxes, set up bank accounts, access free programs, budget and save for emergencies.

"There are social workers and community resources and support programs, but this intervention is a first of its kind in that it's at the individual level to improve income as a social determinant of health," said Dr. Gary Bloch, a family physician and chair of the Social Determinants of Health Committee in the Department of Family and Community Medicine.

The example Dr. Pinto provides is of a husband and father in his mid-30s who suffered a major health issue. He was making minimum wage and had no benefits. He can't return to work because he can't do the manual labour. He's under immense stress because he can't make ends meet for his family, let alone buy his medications. As a newcomer to Canada, he is finding it hard to navigate the social assistance system. Dr. Pinto's study aims to learn whether a health promoter such as Tomlinson could improve his income, his prospects for returning to employment and his health.

By Evelyn Hung

Dr. Andrew Pinto, a physician with the St. Michael's family health team, has long known that income plays a large role in a person's health. Despite strong evidence linking the two, however, it's not seen as the health system's job to address people's incomes.

Karen Tomlinson, health promoter, helps a patient navigate the disability support program. (Photo by Karen Cooper Medical Media Centre)

St. Michael's  
Improvise Care.  
Inspiring Science.

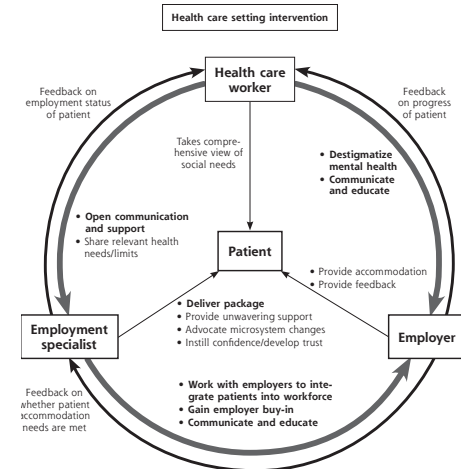
Prosper Canada

Home About

### Benefits Screening Tool

Supporting primary health-care providers in improving the health and income security of patients living in poverty

The Benefits Screening Tool can help you as a health-care provider in recommending income assistance benefits to your patients living on a low income. By asking a series of questions, the tool will generate a list of benefits and resources that your patient might be eligible for but may not yet be receiving including more information about how they can qualify and apply.



<http://www.annfammed.org/content/16/5/447.abstract>



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## Improving health through upstream social interventions

Research, education, and policy change

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[upstreamlab.org](http://upstreamlab.org)



# Building blocks

## 2. Data that has impact: at the point of care, for QI/organizational change, and system evolution – and accountability

We ask because we care  
The Tri-Hospital + TPH Health Equity Data Collection Research Project Report



What language do you feel most comfortable speaking in with your health-care provider?

Do you have any of the following disabilities?

Which of the following best describes your racial or ethnic group?

td Toronto Public Health | St. Michael's Inspired Care. Inspiring Science. | camh | MOUNT SINAI HOSPITAL



HEALTH SYSTEM  
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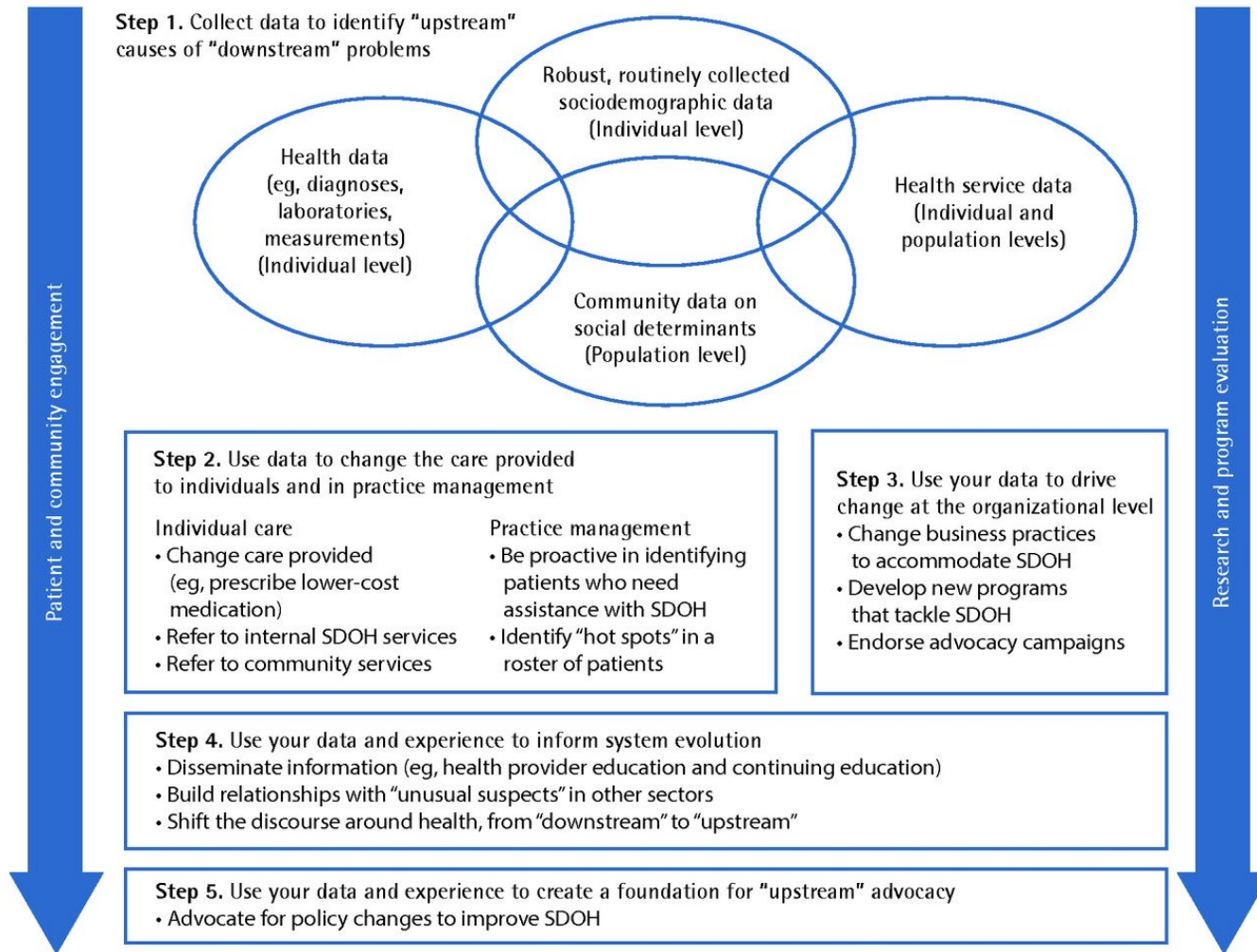


DEEP Network  
Big Data to Enhance & Evolve Primary Care



Réseau de recherche sur les données de santé du Canada  
Health Data Research Network Canada

**Figure 1. Framework for SDOH interventions in primary care, from "downstream" data to "upstream" advocacy**



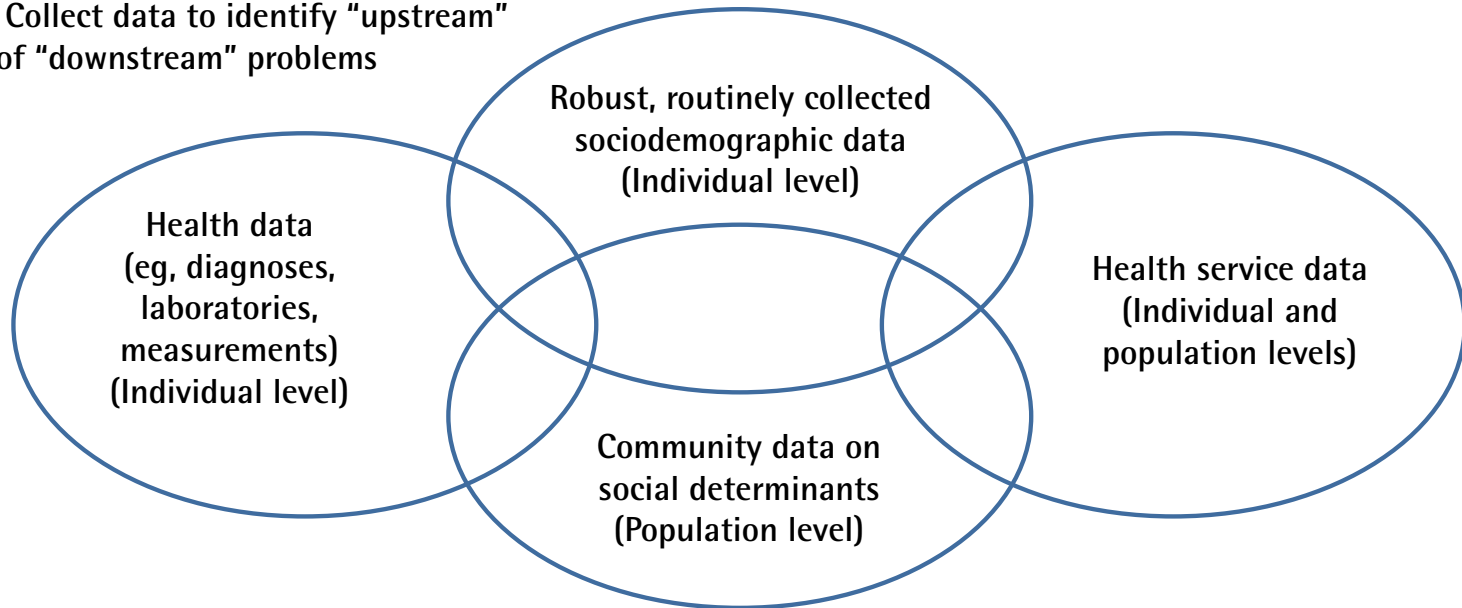
SDOH—social determinants of health.

Can Family Physician 2017; 63: e476-e482



# Patient Reported and Inferred Social Measures (PRISMs)

Step 1. Collect data to identify "upstream" causes of "downstream" problems



Data to inform **patient care**

Data to inform **actions at a practice level**

Data to help organizations **measure performance**

Data to support **system change**

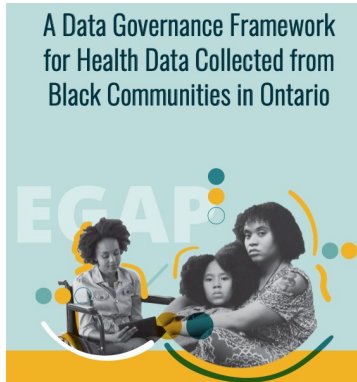
[CFP 2017; 63: e476-e482](#)

# Key issues raised by many before me

- **Indigenous data governance and sovereignty** and seeking perspectives of Indigenous individuals on being asked
- **Community engagement** – e.g. E-GAP framework
- **Transparency**
- **Commitment to taking action** (not just data collection!)
- **Data quality**
- **Staff training** and commitment of organizations, including support for implementation
- **Appropriate communication to patients**
- **Data security and privacy**

<https://upstreamlab.org/project/spark/>

# EGAP Framework



A vision of community data governance from the Black Health Equity Working Group

<https://blackhealthequity.ca/>

- **Engagement:** genuine, ongoing, accessible, transparent consultation with community members, recognized leaders and organizations
- **Governance:** community decision-making about collection, analysis/interpretation, use, management
- **Access:** right to access data and determine who else can access community data trust
- **Protection:** safeguarding data, including the use of de-identified and anonymized data

# Building blocks

3. **Accelerate health system evolution with public movements**: access to primary care homes as a right, payment reform, demanding system integration and building upstream health systems

*How can we engage the patients and communities we serve in policy processes?*

# Building blocks

## 3. Accelerate health system evolution with public movements

Brown et al. *Public Health Reviews* (2020) 41:16  
<https://doi.org/10.1186/s40985-020-00133-6>

Public Health Reviews

REVIEW

### Voting, health and interventions in healthcare settings: a scoping review

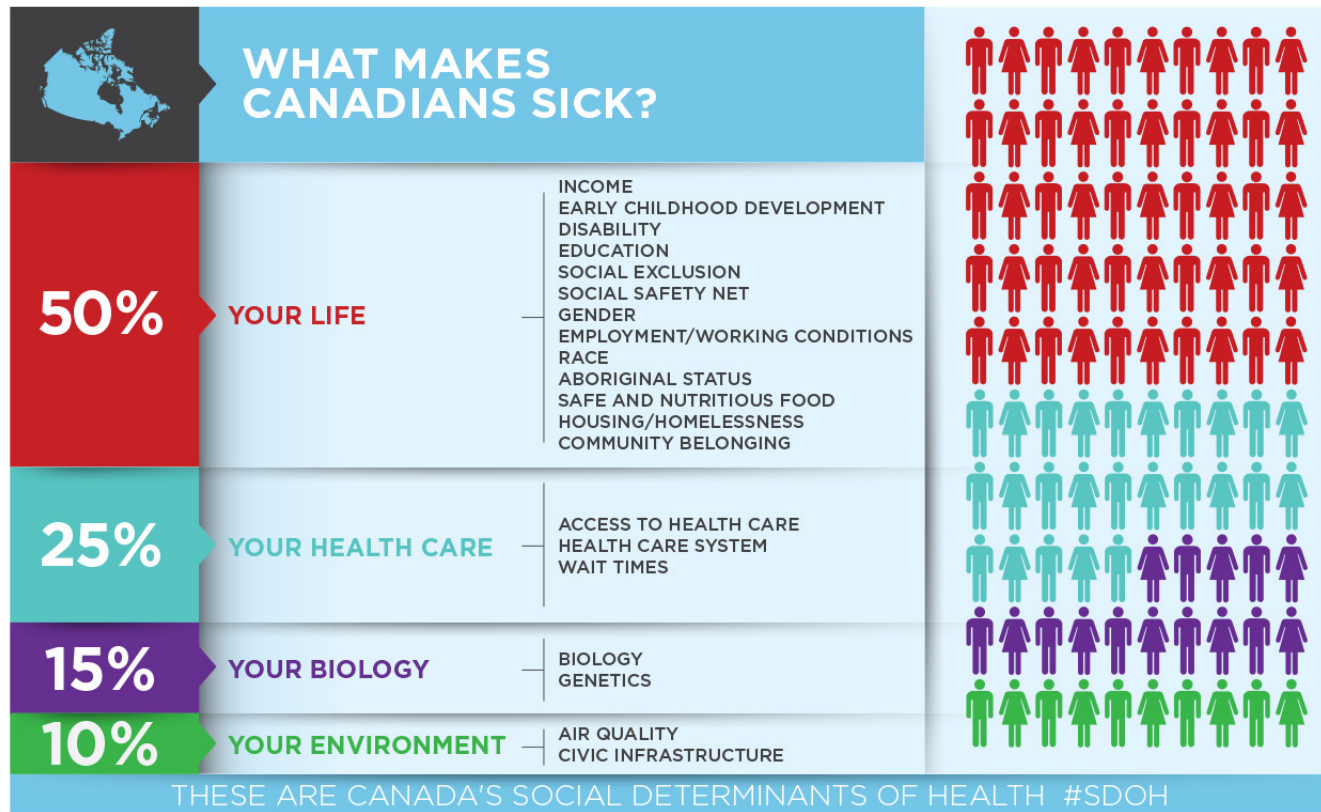
Chloe L. Brown<sup>1</sup>, Danyaal Raza<sup>2,3</sup> and Andrew D. Pinto<sup>2,3,4,5\*</sup>



<https://www.thestar.com/news/world/us/2020/08/08/doctors-hospitals-launch-voter-registration-efforts.html>

# Building blocks

## 4. Public communication and popular education





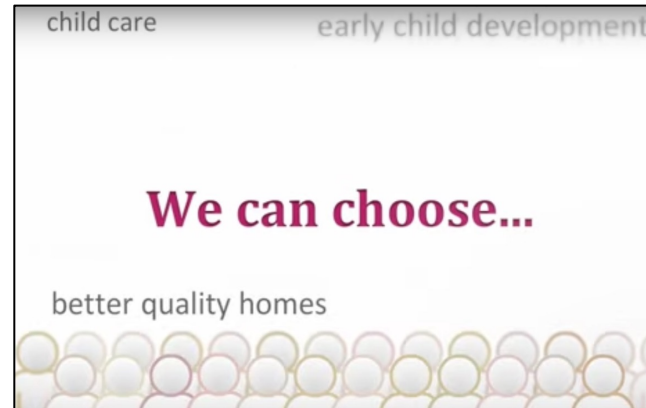
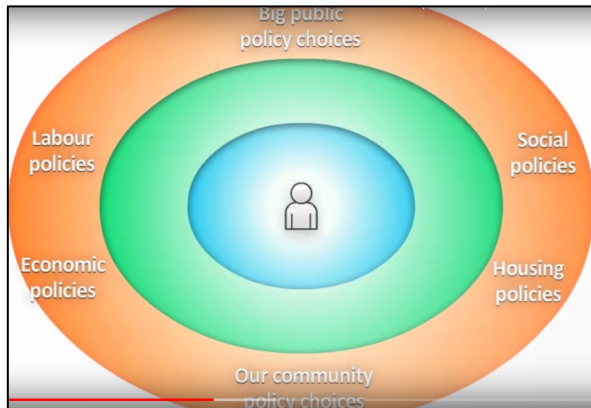
# Building blocks

## 4. Public communication and popular education

Let's Start a Conversation About Health...and Not Talk About Health Care at All

But do we really know the **causes**?

Health improves at every rung up the **social and income** ladder



<https://www.youtube.com/watch?v=QboVEEJPNX0>

# Building blocks

## 5. **Change health provider education in a generation**

- Foundational knowledge on what truly determines health, not only what causes illness
- An upstream and population lens to all topics, from depression, to diabetes, to dementia
- Dismantling hierarchy in training, from year 1 to the end of residency
- Put resources into ensuring the population is represented in health professions
- Specific training on community engagement, dialogue with communities, being an ally, policy advocacy

# Conclusion

*Building blocks of upstream health systems:*

1. Evidence on interventions that go upstream
2. Data that changes care, organizations and holds systems accountable
3. Accelerate health system evolution with public movements
4. Public communication and popular education
5. Changing health provider education

*And primary health care should be part of each building block!*