



The National Primary Health Care Awareness Strategy (NPHCAS): May 2004 - March 2006

The NPHCAS is a project funded under the national envelope of the Primary Health Care Transition Fund (PHCTF). The goal of the project is to increase public understanding of primary health care and its potential to enhance the effectiveness of health care in Canada, including what primary health care means and the benefits it offers Canadians. This will be achieved through the development and implementation of public education and awareness resources.

The NPHCAS is governed by a steering committee of representatives from Federal/Provincial/Territorial jurisdictions including:

- Alberta Health and Wellness
- British Columbia Ministry of Health Services
- Health Canada
- Manitoba Health
- New Brunswick Department of Health and Wellness
- Newfoundland/Labrador Department of Health and Community Services
- Northwest Territories Department of Health and Social Services
- Nova Scotia Department of Health
- Nunavut Department of Health and Social Services
- Ontario Ministry of Health and Long-Term Care (observer)
- P.E.I. Department of Health and Social Services
- Saskatchewan Health
- Yukon Department of Health and Social Services

Increasing public awareness and understanding of primary health care renewal is important to regions across Canada. They recognize that maximizing awareness and understanding can be better addressed through coordinated national efforts. The NPHCAS will help create increased availability of awareness resources for all jurisdictions, as well as an increased understanding of primary health care by Canadians.

Saskatchewan Health is the administrative lead for the NPHCAS and Karen Gibbons is the project manager and primary contact. You may contact us at:

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Stakeholder conference participants,
Ottawa, March 2005.



Our New Look - A Picture Really Is Worth a Thousand Words

The NPHAS has a new look—as you can see at the top of the page! Our new visual identity is not only eye-catching and distinctive—it represents elements of primary health care, associating four key attributes with meaningful colours.



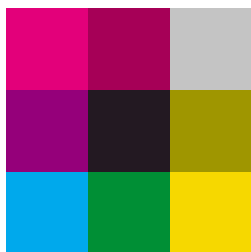
The Pink represents healthy living. We've all heard healthy people referred to as being "in the pink." Healthy living encompasses prevention, the management of chronic illness, encouraging support for self-care and the idea that factors outside of the health system can influence individual and community health. It represents keeping us well, rather than just treating us after we've become sick.



The Blue represents a team approach. It's about the team of health care providers working together to improve the continuity of care, reduce duplication and ensure individuals have access to appropriate health professionals. Patients/clients are a part of the team, as well, and are involved in, and empowered to make, decisions about their own health.

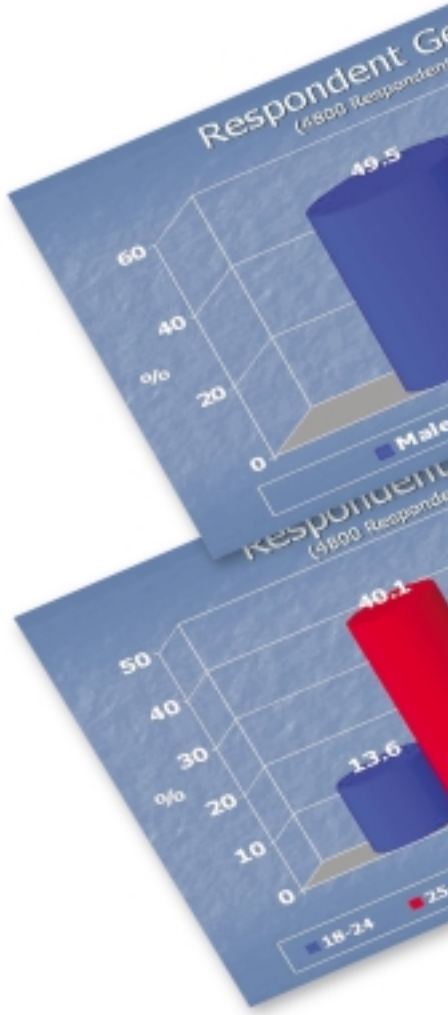


The Yellow represents access, symbolizing that 24 hours a day, seven days a week, the light is always on for people needing health care. It's about providing people with improved access to the right services when and where they are needed. It recognizes that Canadians need advice, information and care outside of regular office hours.



The Gray represents information. It includes improved sharing of information between health providers and expanded access to information for Canadians using the health system or seeking health advice. It's about using tools like electronic health records and diagnostic instruments to improve the quality, access and co-ordination of health information.

These four blocks of colour overlap in the middle to form a cross, the traditional symbol for basic health care. In the same way, the four "building blocks" of primary health care overlap and support the others, with the goal of improving the health of Canadians everywhere. As in so many cases, the whole is greater than the sum of its parts.



Gauging the Awareness, Understanding and Relevance of Primary Health Care

It's hard to know the best route to a destination if you aren't sure of your starting point. Similarly, it would be difficult to plan and execute an awareness campaign without first gauging the level of awareness and understanding that currently exists.

The NPHCAS recently concluded extensive benchmark research to determine existing attitudes and opinions about primary health care in Canada. We surveyed 4,800 adult Canadians and held 34 focus groups from Iqaluit to Victoria to St. John's.

We asked Canadians questions about their awareness of primary health care, their understanding of it and their perception of its importance to their individual health and the health of their families. We also asked their opinion on various aspects of the health care system. We will use the research to inform and guide our communication efforts, and as a baseline at the conclusion of the project to measure the progress we've made in raising awareness levels.

We are currently completing our analysis of the results and expect to share the information in late spring.

An Online Primary Health Care Resource

One important tool the NPHCAS is developing is a project web site. The site will be targeted to the general public, with information useful and accessible to users who may be unfamiliar with primary health care.

The site will bring together information about primary health care through links to existing sites, stories about primary health care in action and informative narrative. It will tell the story of primary health care in Canada in recent years and provide links for people to find out more about initiatives in their own areas.

We welcome suggestions for links and stories about primary health care initiatives. Please send your suggestions to nphcas@health.gov.sk.ca.



What's Happening Now?

Connecting with stakeholders

The Project Team and its communications and research agencies met with groups of health care stakeholders in early March. We shared some of the preliminary findings from our recent research and outlined our general communications plan. They shared their opinions and offered some insights and opportunities to align efforts. We are committed to continuing this dialogue with stakeholders.

Communications planning

The NPHCAS has developed a communications plan that will guide its efforts in the coming year. It is currently being shared with all of the project's partners for review and support. We will be developing our communications tools and an action plan over the summer months, for an early fall launch.

Next steps

There has been great interest in our preliminary research findings. We are anticipating releasing these findings in late spring. The information we gathered in our extensive survey will be useful for many purposes to a variety of groups that are eager to receive it. The sheer scope of the survey alone makes it a valuable tool, providing a margin of error of +/- 1.4% with a confidence level of 95% nationally. Watch for it soon.

To contact the project team or be added to our list for future project updates please email nphcas@health.gov.sk.ca