

# Strengthening prevention in primary care

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<sup>b</sup> Guest Editor, Issue 1, 2016

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## Article history

Publication date: January 2016

Citation: Harris M. Strengthening prevention in primary care. *Public Health Res Pract.* 2016;26(1):e2611600. doi: <http://dx.doi.org/10.17061/phrp2611600>

Opportunities for prevention in primary health care are many, but healthcare systems – in particular, Australia’s fragmentation between levels of government, and fee-for-service funding base – can often frustrate even the most well-intentioned prevention efforts of primary health care practitioners, providers and funders. In this issue of *Public Health Research & Practice*, themed ‘Strengthening prevention in primary health care’, we focus on the links between primary health care and population health, and how they can be maximised to provide prevention at first contact for many patients with, or at risk of, chronic health conditions, particularly those associated with lifestyle factors such as obesity, smoking and alcohol.

A range of perspectives are covered in this issue. There are three complementary viewpoints on the role of [the new Primary Health Networks \(PHNs\)](#) in prevention and public health – from the Australian Government Department of Health, the Public Health Association of Australia and a Sydney PHN. All three agree about the potential for PHNs to integrate population health approaches with primary health care and to better address the health needs of the community in partnership with state health and other services.

In a view from Liverpool in the UK, [Gosling and colleagues](#) refer to the important role that primary care has played historically in preventing poor health, and describe a range of innovations, implemented as part of a city-wide plan for commissioning health and social care services. The exact role of primary health care in prevention is still being defined in Australia; however, it is clear that it is an important one. Its potential is discussed further in a [paper by Harris](#), which identifies the need for integration and partnership between primary health care organisations and public health services and programs.

In another themed article, [Hyun et al.](#) use registry data to examine the community-based care provided after hospital discharge for patients with acute coronary syndrome. They demonstrate that general practitioner (GP) follow-up is associated with lifestyle and pharmacological preventive measures, underlining the importance of GP follow-up in providing opportunity for better secondary prevention.

In other articles, Milat and colleagues discuss a New South Wales (NSW) Ministry of Health guide to [successful scaling up](#) of public health interventions, and Dessaix et al. investigate factors leading to a record low in [adolescent smoking](#). In Research, [Schemann et al.](#) find ‘poor compliance’ with a 2007 NSW Ministry of Health policy on elective or prelabour caesarean,

and a [study by Kemp-Casey et al.](#), based on the 45 and Up Study cohort, finds that breast cancer recurrence is higher than previously reported. Finally, an In Practice paper from the Kolling Institute of Medical Research reveals how a [serendipitous collaboration](#) led to an improved maternity care survey for NSW.

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## Competing interests

None declared

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