Ruano et al. International Journal for Equity in Health (2015) 14:153
DOI 10.1186/s12939-015-0284-6

International Journal for Equity in Health

EDITORIAL

Open Access

Interventions in Primary Care and their contributions to improving equity in health

Ana Lorena Ruano[1*], John Furler[2] and Leiyu Shi[3]

Primary Care constitutes the first and most important point of contact between the health system and the population it is there to serve. Through it, essential, continuous, comprehensive, and coordinated care that does not discern between gender, disease or geographical location can be provided [1]. Whether delivered by physicians or other members of the primary care workforce, evidence shows that strong primary care is associated with better access to and quality of care, and with better health outcomes. Evidence also suggests that interventions can specifically strengthen primary care to improve access and that in turn improves equity of outcomes [2].

Today, the International Journal for Equity in Health announces the launch of a new thematic series that looks at the contributions that primary care interventions have on equity levels in health systems. Our goal is to provide a space to document and analyze the primary care reforms and interventions that have been undertaken in recent years by communities, organizations, countries and world agencies. While the thematic series will continue in a rolling fashion, today we publish the first set of papers in the series that focuses on research on successful stories, as well as lessons learned so that previous experiences may inform future efforts that can be implemented at the global, national or community level.

There have been several primary care interventions that aim to improve equity levels in China and Tibet, and this first article collection reflects this with four articles. First, we look at usual source of care and its relationship with primary care in Guandong province [3]. This study, which is the first to compare primary care contributions through controlling for the source of care, found that patients that had a usual primary care provider reported higher quality of medical care experiences. In line with these findings, another study also carried out in Guangdong examined four models of primary care delivery models for people with chronic conditions and found that an insurance mandate that uses family practice physicians as 'gatekeepers' seemed to work best when it came to promoting access and quality care for patients [4]. The third paper in our thematic series looks at integrated care delivery and health care seeking by people with chronic conditions in Henan province and found the integrated care delivery model was critical in guiding patient's health seeking behavior, reduced health inequities, and mitigated disparities for older patients [5]. Our fourth paper evaluates the contribution that primary care has to health in Tibet, and found a positive association between higher quality primary care and better self-rated health status. The study findings point to the importance of strengthening this level of care during future health system reforms [6].

From Tibet we move to Sweden, where primary care is seen as the key to developing equitable health care. The study found that patients/clients perceived that their ethnic origin and mental health status played an important role in the quality of care that they received, and that employing health providers that are proficient in the languages that are spoken in the communities they serve is a way of providing more equitable primary care services [7]. In Manitoba, a study found that pay-for-performance for primary care physicians had a limited impact on vaccination rates and in this study did not appear to reduce health inequity [8]. To close this collection, the article by Carriel et al. looks at the integration of traditional indigenous medicine into primary care in Nicaragua, and found that careful study and monitoring of legislation is needed in order to implement and carry out policy alignments that can lead to the full integration of his in health plans at the local and national levels.

* Correspondence: ana.lorena.ruano@cih.uib.no
[1]Centro de Estudios para la Gobernanza en los Sistemas de Salud (CEGSS) Guatemala and Center for International Health, University of Bergen, Bergen, Norway
Full list of author information is available at the end of the article

© 2016 Ruano et al. **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated.

The International Journal for Equity in Health welcomes further contributions to this rolling thematic series, particularly as countries around the world continue to grapple with issues around reforming and strengthening primary care systems in all settings.

Competing interests
The authors declare that we have no competing interest.

Authors' contributions
ALR, JF and LS drafter the first version of this manuscript and did the necessary corrections. All authors contributed equally. All authors have read and approved the final manuscript

Author details
[1]Centro de Estudios para la Gobernanza en los Sistemas de Salud (CEGSS) Guatemala and Center for International Health, University of Bergen, Bergen, Norway. [2]Department of General Practice| Faculty of Medicine, Dentistry and Health Sciences University of Melbourne, Melbourne, USA. [3]The Primary Care Policy Center Department of Health Policy and Management, John Hopkins Bloomberg School of Public Health, Bloomberg, USA.

Received: 27 November 2015 Accepted: 10 December 2015

References
1. WHO. Primary health care: now more than ever. Geneva: WHO; 2008.
2. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83(3):457–502.
3. Du Z, Liao Y, Chen C-C, Hao Y, Hu R. Usual source of care and the quality of primary care: a survey of patient in Guandong province, China. Int J Equity Health. 2015;14:60.
4. Shi L, Lee D-C, Liang H, Zhang L, Makinen M, Blanchet N, et al. Community health centers and primary care access and quality for chronically-ill patients -a case-comparison study of urban Guandong Province, China. Int J Equity Health. 2015;14(1):90.
5. Shi L, Makinen M, Lee D-C, Kidane R, Blanchet N, Liang H, et al. Integrated care delivery and health care seeking by chronically-ill patients -a case control study of rural Henan province China. Int J Equity Health. 2015;14(1):98.
6. Wang W, Shi L, Yin A, Mao Z, Maitland E, Nicholas S, et al. Contribution of primary care to health: an individual level analysis from Tibet, China. Int J Equity Health. 2015;14(1):107.
7. Akhavan S, Tillgren P. Client/patient perceptions of achieving equity in primary health care: a mixed methods study. Int J Equity Health. 2015;14:65.
8. Katz A, Enns JE, Chateau D, Lix L, Jutte D, Edwards J, et al. Does a pay-for-performance program for primary care physicians alleviate health inequity in childhood vaccination rates? Int J Equity Health. 2015;14(1):114.

Submit your next manuscript to BioMed Central and we will help you at every step:

- We accept pre-submission inquiries
- Our selector tool helps you to find the most relevant journal
- We provide round the clock customer support
- Convenient online submission
- Thorough peer review
- Inclusion in PubMed and all major indexing services
- Maximum visibility for your research

Submit your manuscript at www.biomedcentral.com/submit