LETTERS

INTEGRATING PRIMARY CARE AND **PUBLIC HEALTH**

The recent joint issue of the American Journal of Public Health and the American Journal of Preventive Medicine highlighted the potential of integrating public health and primary care. The key message of this issue is that this integration is promising, timely, and urgently needed in order to measurably improve the US community's health in the 21st century. At the same time authors tempered their expectations. Multiple, promising—though often unsustainable attempts have been made in the past.1

We believe that optimism is justified. Nowadays, the integration of primary care and public health fits within the much broader sustainable development agenda. Across the globe, societies are in transition. In the present economic climate, it has become apparent that the integration of population dynamics into government policies is indispensable to harness the potential of populations, for instance, as relates to the labor market, natural resource use, and social security programs.² Even so, public and private sectors are starting to reorganize themselves following the principles of the circular economy. 3 One of these principles is shifting the focus to the upstream of

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problems. Originally, sustainability meant that polluting production processes were followed by cleaning up the mess at the end, if at all. Nowadays, industries are designing production processes that are intrinsically clean and sustainable, preventing pollution in the first place.

Integrating primary care and public health in the right manner goes beyond the merger of two sectors if one follows the circular economy principles. It would imply that the whole health system-social care, public health, primary care, and clinical medicine-is staffed by a workforce who thinks in terms of health rather than disease. Then, public health becomes more of a mindset than a structure or the exclusive expertise of specific professional groups. It would bring along health professionals who intrinsically think and act in a more preventive, system-based, and connective manner by being more responsive to population health needs. 4,5 In The Netherlands, this transition process seems to be unfolding in an experimental context as illustrated by pilot projects in deprived neighborhoods (J. R. van den Broeke, T. Plochg, K. Stronks, unpublished data, 2012).

The challenge for primary care and public health is to capitalize on their expertise built over the last century and to lead the change toward more sustainable health systems in the 21st century. Then, public health and primary care will be really seizing the moment.

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SCUTCHFIELD ET AL. RESPOND

We appreciate the letter by Plochg et al. It makes the important point that our reflections on primary care and public health are focused on the United States, and that there is a very active movement in population health occurring internationally. The long-standing efforts of international colleagues in public health and primary care to integrate the two disciplines might offer lessons for us as well.

However, the payment system, which we point to as a major barrier to previous US efforts at integration, is substantially different from our own in most international settings. Many countries enjoy a national health system that has the better potential for integration because there is one final governing authority for both public health and medical services. And, most notably, the funding for both comes from the same source, again not the case in the United States. As we pointed out, we are