Reviewer’s report

Title: The potential for multi-disciplinary primary health care services to take action on the social determinants of health: actions and constraints

Version: 1 Date: 15 February 2013

Reviewer: Eileen O’keefe

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Minor Essential
1. There is an ambiguity regarding the notion of “comprehensive” PHC within the literature:

Advocates of the Alma Ata definition, eg David Sanders et al, have for many years used “comprehensive” to apply to the social and economic factors, outside of the health care services, shaping the distribution of health status as INCLUDED within PHC. On this view “comprehensive” PHC would include SDHs. Here “comprehensive” contrasts with “downstream”, or “first point of contact”. This is the notion of “comprehensive” which appears in the final sentence p.5 para 1

“Comprehensive” is also used to refer to the range of conditions/diseases which health care services should address. Here the “comprehensive” PHC would include a wider range of conditions/diseases in contrast with “selective” PHC. This is the meaning which appears on p.5, para 2.

2. P10final sentence: “suggest” instead of “suggests”.

Discretionary Revisions
3. P6, final sentence running to first line p.7, absolutely crucial to emphasise. It would be useful to have one referenced sentence indicating the pressure by amongst first contact workers for comprehensive PHC in light of their experience in trying to address health issues of patients experiencing problems re housing, immigration, poverty. Again, one sentence expanding the claim p7 re operation of the “community health sector operating on principles of PHC in Canada..) would be helpful. What does this mean in PRACTICE???. Something specific like the Southern Ontario Foodshed might be appropriate.

4. P.8 final para: unclear meaning of reference to “a detailed five year study”. Do you mean that this is part of a larger study???

5. P.9, para 2 what do you mean by “mix of disciplines”: manager, administrator, practitioner????

6. P13, line 5: reference to the minority of staff (younger, less experienced) who showed less awareness of SDH raises some questions. Your majority of staff who DO show such awareness surprised me. Have they self-selected to work with these populations because of commitments to social justice???. For future
work it would be helpful to have evidence about the understanding of and commitment to SDH amongst a random selection of PHC workers to put into context the barriers that such workers face if they try to move on SDsH.

7. Pp15-6. Re use of space, were there no examples of co-location of services eg housing, education and health where workers from different services could work together? You refer p.17 to the advocacy role of workers with other agencies but it would be helpful to have one sentence about barriers to that. It is notable that on pp18-19 you quote a worker who thinks that SDH requires intersectoral cooperation “at the top”. Does this mean that there is little experience of ISA in Australia at multiple levels including top, intermediate levels and at the coal-face??? It would be useful to have a sentence to clarify in order to make this as relevant as possible to other countries’ healthcare systems some of which have made some progress on ISA.

8. Your examples re success of Congress advocacy are so important that they warrant another article or is this covered in ref 56???

There are many levels of determination at which social forces work which a number of the authors have done much to examine in other publications. Informants refer to a range of social determinants including housing, education, alcohol pricing, poverty, McDonalds/unhealthy food system etc. It would be helpful for the authors to comment on whether SOME of these determinants might be ones which PHC workers might be able to get more purchase on than others, so that a potential social movement had an inkling of how to progressively leverage greater engagement with SDH. Hence my questions re co-location of housing, education with health care etc (point 7 above).

**Level of interest:** An exceptional article

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.