

**ARTICULATING WHAT WE DO:  
COMMUNITY SERVICES IN THE WESTERN REGION.  
A POPULATION HEALTH APPROACH.**

This fiscal year is dubbed as the “Year of Integration” in Newfoundland and Labrador (NL) and the province is undergoing major changes in the delivery of health and community services. Government and health care stakeholders are re-examining the existing fourteen regionalized health board structures (Government of Newfoundland and Labrador, 2004). In the current climate of change, it is critical to articulate the valuable work of community service providers. Health and Community Services Western encompasses a variety of programs that use multi-faceted approaches to deliver health promotion and protection services. Community level interventions are guided by a population health approach through providers with special skills and creativity in service delivery. Health Canada (2002) emphasizes: “The population health approach focuses on the entire range of individual and collective factors and conditions, and the interactions among them, that determine the health and well-being of Canadians.” In other words, many factors contribute to the health of people apart from individual characteristics, genetics, or the health care system. Health Canada (2002) lists the following as key determinants to health: income and social status; social support networks; education; employment and working conditions; social and physical environments; biology and genetic endowment; personal health practices and coping skills; healthy child development; health services; gender; and culture.

Sixty-six per cent of Newfoundlanders and Labradorians rate their health as excellent or very good (Canadian Institute for Health Information, 2002). Ironically, Atlantic Canada has been identified as having more social, economic, and health inequities and higher rates of chronic disease than the rest of Canada (Hayward & Colman, 2003). Like other Eastern provinces, NL has higher rates of smoking, obesity, and physical inactivity, all risk factors for chronic disease (Hayward & Colman, 2003). The *Strategic Health Plan* described a vision for all Newfoundlanders and Labradorians in order to enjoy the best possible health and well-being (Department of Health & Community Services, 2002). How do the services provided at the home and community level help the clients?



Figure 1. Health and Community Services Western: Regional Map.

The Western Region (Figure 1) is a vast geographic area in a sparsely populated region of about 82, 858 residents. Largely rural, there are many sites where clients have inconsistent access to medical services and specialties. Thus, community health nurses are often the main resource in small communities (Sullivan, 2004). In this Region, there are several population-based health programs provided by community health nurses, social workers, behaviour and child management specialists, speech-language pathologists, audiologists, occupational therapists, nutritionists, clinical psychologists, mental health and addictions counselors. These programs and services are related to health promotion, disease prevention, child, youth, and family services, addictions, mental health, community corrections, family and rehabilitation services, and continuing care (Department of Health & Community Services, 2002). Health and Community Services collaborates with family resource centres, physicians, home care agencies, long-term residential services, and institutions, such as hospitals, to deliver health care programs.

There are several initiatives in the Western Region that focus on wellness and health promotion. These include, but are not limited to: cervical screening initiatives; immunization programs; tobacco cessation/ “Kick the Nic” program; Family Resource Centers; Workplace Wellness Initiatives; Model of Coordination of Services for Children and Youth; Falls Prevention programs; Community Mental Health Initiative; and, more recently, the Primary Health Care Enhancement Project, under way in Bonne Bay (Susan

Gillam, CEO, Health & Community Services Western, personal communication, July 6, 2004). While many of these community services are provided province-wide, there are strong indications that these initiatives can most appropriately be delivered where people live and work. The responsibility of regional health authorities to maintain the mandate and role of health promotion activities must be assured.

Many factors impact healthy development, such as pre- and post-natal programs, income support, child-care programs, and family support services. “Early childhood development is the foundation for lifelong competence and coping skills that have a positive impact on health, behaviour, and learning” (Department of Health and Community Services, 2002). Family Outreach Resource Centers offer social support and substantial networks to young families, which results in people having a healthy start in life. Crucial to a healthy population are factors such as living and working conditions. “There is mounting evidence that the contribution of medicine and health care is quite limited, and that spending more on health care will not result in significant further improvements in population health” (Health Canada, 2002).

Collaborative teamwork among community service providers is imperative for high-risk families impacted by poverty, lack of maternal social support, family stress, and inadequate community resources. Working with vulnerable families involves advocacy, parental teaching, counseling, and support (Deal, 1997). For example, a pregnant adolescent woman identified as having a high-risk pregnancy, is referred to the community health nurse from the Mother Baby Nutrition Supplement program, implemented by the Department of Human Resources, Labour and Employment. Further assessment reveals the youth has addiction issues with narcotic analgesics. Subsequent interventions with an addictions counselor may result in curbing harmful effects to the unborn fetus. An abusive relationship with a boyfriend leads to active intervention by child protection social workers, which provides supportive counseling to the new mother. A child management specialist may be involved in offering a “Nobody’s Perfect” parenting program. A mental health social worker may provide counseling related to improving coping skills. Meanwhile, the community health nurse is involved through a voluntary “Healthy Beginnings Program” providing health care to the young family. In the same household, an older adult avails of the acute care system for heart disease. Community follow-up continues through the cardiac rehabilitation program and “Heart to Heart” sessions. Another family member is referred to public health for management of a communicable disease while seeking physician treatment. It is evident that this one family avails of multiple health care services that can only be delivered in a comprehensive, effective manner by expertise at the home and community level. A clear understanding of the scale and dimensions of social inequities in relation to health demonstrates the importance of strategically located service providers.

Recently, many partners, including the health and education systems, the Coalition to End Violence, community volunteers, clergy, and police, were brought together to offer comprehensive wellness days in schools throughout the district. This was an initiative of the Deer Lake Mental Health Advisory Committee. The message of respecting others and saying no to violence was delivered to school children by

interactive, multi-disciplinary team players. Comprehensive school health involving multiple partners at the community level creates healthy learning environments. Skills learned at a young age provide a foundation to build individual and community capacity (Health Canada, 1997). Cooperative working arrangements among many disciplines in the community contributes to an awareness of health issues and best practices. Action can be taken on local health concerns using a broad approach. Provincial support for multi-disciplinary approaches that focus on health and well-being must be continued to foster further community participation and partnership.

Challenges inherent in the Region and the province such as the prevalence of chronic illnesses like heart disease, diabetes, and cancer continue to be a concern for residents. Demographic changes, such as unemployment, out-migration, an aging population, and a declining population, directly impact the health and community services system. The province's geographical diversity creates obstacles to coordinated, collaborative care (Department of Health and Community Services, 2002).

As Newfoundlanders and Labradorians, we need to grasp that in order for population health strategies to positively impact determinants of health, it will take decades or even generations to evaluate health promotion efficacy. All citizens have a stake in the effectiveness and comprehensiveness of service design and delivery that will be mandated. Limited funding resources, a dominant medical model, and powerful political forces may continue to influence health care system restructuring (Health Canada, 1997). It is essential that those who set the agenda for health board restructuring be sensitive to the differing position of service providers in the community as opposed to traditional bio-medical settings. It is necessary to stress the need to ensure that the administrative structure chosen be one in which there is a mandate to deliver services in a location most effective and appropriate for consumers of health care. Decisions for change today will impact future generations of Newfoundlanders and Labradorians. Key health board stakeholders and government need to keep the mission and values of the *Strategic Social Plan* at the forefront: "To provide quality health and community services to improve the health and well-being of individuals, families, and communities" (Department of Health and Community Services, 2002, p.9). Then, the effects of the "Year of Integration" can be felt in a positive way for years to come.

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## **BIOGRAPHICAL SKETCH OF THE AUTHOR**

Trudy Read is a Community Health Nurse employed by Health and Community Services Western in Deer Lake, NL. She graduated from the Halifax Infirmary in 1984 (RN), Memorial University of NL in 1998 (Bachelor of Nursing), and the University of New Brunswick in 2003 (Master of Nursing). Trudy has practiced nursing in Nova Scotia and Northern and Western NL. She currently works as one member of a collaborative multi-disciplinary team of community service providers. Health and Community Services Western has collocated health care and social services in one building in Deer Lake to reduce fragmentation of service delivery. Potentially, the office can serve as a model for future organizational structure designs. It is noteworthy that the Deer Lake office has won the prestigious Workplace Wellness Award for the past two consecutive years.