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Nursing with Communities – Making the Transition

While the television-watching public is still captivated by the drama of "ER," health care policy-makers in Canada are renewing their interest in public health and community-based services. Every provincial and territorial government has included community-based services as a focal point in their plans for health care reform. More community health centres[1] are opening in Canada than ever before. Although there is a growing sense of enthusiasm among community health and public health nurses,[2] the trend does raise questions for the profession and for registered nurses[3] in other areas of practice.

Relationships between nurses and clients must continuously evolve to meet changing health care needs. Health care is moving back to the community, shifting from individual-focused care to community-focused care. To keep nurses informed about the evolution of community health nursing, CNA has prepared this resource to introduce the issues facing nurses working with communities as clients.

What do we mean by community?

A community is a group of individuals who share one or more personal or environmental characteristics. A community can be defined according to structure or geography, such as a region, a neighbourhood or a school, or by common background and interests such as culture, language or sexual orientation. Another way to define a community is by vulnerability to a health concern, for example, the developmental risks related to pregnancy, parenting, adolescence or aging.[4] This means that public health nurses can describe the communities they work with in a number of ways. Some examples might be: the student body of a high school; pregnant immigrant women; gay, lesbian and bisexual youth; asthmatics in the region; or low-birth weight infants.

What has changed?

The central feature of public health practice is, and has been, a focus on the health of population groups or communities. Early public health interventions prior to World War II targeted health issues such as improved sanitation and ventilation, clean water and factory safety, although interventions could also be individually focused. Effective public health programs such as child immunization, health education of mothers and control of communicable diseases – such as tuberculosis, polio and sexually transmitted diseases – have stood the test of time. As a result of technological advances during this century, health care providers began to place tremendous faith in medical interventions such as antibiotics, which treat rather than prevent disease. Today, the focus is shifting back to the earlier emphasis on interventions at a societal level and the health of the whole population. Nursing is making that shift too, emphasizing disease prevention and health promotion in its repertoire of interventions.

In recent decades the health promotion movement has gained international stature. A World Health Organization meeting in Canada in 1986 produced the *Ottawa Charter for Health Promotion*.[5] The *Charter* highlights the importance of strengthening community action, reorienting health services to place greater

Determinants of health

The Final Report of the National Forum on Health (page 15) stresses the importance of socioeconomic determinants of health, the most significant being:

- income;
- social status;
- education;
- self-esteem;
- social networks; and,
- a sense of control over one's life.

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emphasis on health promotion, and the necessity for intersectoral action for health. This involves combining individual and community-focused strategies in order to ensure *health for all*.

Clarifying the concepts

Population health is both a view of health and a health care strategy. According to Health Canada, population health focuses on factors that enhance the health and well-being of the overall population. It differs from traditional thinking in two ways:

- The population health approach focuses on the entire range of individual and collective factors, and the interactions among them, that determine health and well-being. Traditional health care focuses on risks and clinical factors of a particular disease.
- Population health strategies are designed to affect the entire population or particular subgroups within the population. Traditional health care deals with individuals one at a time, usually those who already have a health problem or are at significant risk of developing one. Population health strategies include the development of healthy public policy such as regulations that restrict smoking in public places. The Canada Prenatal Nutrition Program and the Aboriginal Head Start program are examples of programs based on a population health approach.[6]

Health promotion "is the process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment."[7] Health promotion focuses on helping clients stay well rather than treating them when they are ill.[8]

In health promotion, community is a central concept. In order to enable people to control and improve their health, it is critical to involve the community in describing its health problems and making decisions about policies and programs.

The Primary Health Care (PHC) model

The population health and health promotion concepts are ways of thinking about health and how to effectively improve or maximize health. Primary Health Care (PHC) is essential health care (promotive, preventive, curative, rehabilitative and supportive) that focuses on preventing illness and promoting health; it is both a philosophy and an approach that provides a framework for health care delivery systems. PHC has been adopted by the World Health Organization and by Canada as the key to a healthy society.[9]

Clients of PHC can be individuals, families, groups, communities and populations. PHC should not be confused with primary care, which involves the diagnosis and treatment of a specific disease or condition provided by a health care practitioner, usually at the first point of entry into the health care system.

Five principles of PHC:

- accessibility;
- public participation;
- health promotion;
- appropriate technology; and,
- intersectoral collaboration. (CNA, 1995)

How do these concepts work in practice?

Each of the above ways of thinking offers a useful way of understanding, researching or acting upon health problems. Each includes the importance of socio-economic and cultural factors, the need for community participation and intersectoral collaboration. Each approach, however, has a somewhat different emphasis and point of intervention.

For example, if you were working with health problems related to high dietary fat content, a health promotion approach might be supporting local groups in developing "collective community kitchens" where five or six people get together and cook several meals for their families and learn about nutrition and economical ways to prepare and keep food. An example of a population health approach would be working with local retailers to make the cost of skim milk the same as or lower than milk with fat content. This approach would indirectly affect the fat content in the community's diet. Both strategies target disease prevention, however, the health promotion approach empowers individuals, and the population health approach works from the top down, affecting the health of many without necessarily involving individual community members.

Can we work with more than one approach?

To employ only a group approach or an individual approach means that people will fall through the cracks. To use a population health approach exclusively might miss those individuals and families most at risk, since they often are the ones who don't read community bulletins, don't speak the language of their new country or don't have the resources for transportation. Sometimes people simply lack the energy or self-esteem to seek help. For individuals or families at highest risk, a few visits by the nurse might make all the difference in supporting them to take those first steps. In its *Back to Basics* strategy, CNA makes a clear case for the use of home visiting and other health strategies that work.[10] The National Forum on Health has recommended that "regular home visits be a method of choice for at-risk families."[11]

Rather than choosing one approach over the other, it makes more sense to combine the two – to let assessment and analysis lead to well-targeted individual interventions, and to use the information from individual programs to point out the need for population approaches. In Alberta, public health centres use a service delivery model in which the individual and the population levels of intervention constantly feed information to each other. Successful community health work will always involve multiple strategies and a mix of individual, community and population interventions.

Establishing Priorities

There are many players involved in health care, from the federal government

to the individual community member, and a balance of health priorities must be reached among them. Provincial and territorial public health systems often have mandatory programs such as "tobacco reduction" or "heart health," but these may or may not be the priorities of the community. Community members may be more concerned with housing or security. If they see that health care professionals are not able to follow up on the priorities of the community, community participation and thus program effectiveness may be limited.

Since people often come to a community process with a prior agenda and interest groups may be competing for resources or programs, the question of "whose priorities?" arises between health care professionals and community members – and between groups within the community.

Collaboration between professionals and community members

Recognizing the expert knowledge that community members bring to the nurse-client interaction is a critical starting point to nursing with communities. The nurse and the community become partners in a collaborative relationship. This role shift can pose a significant challenge for both nurses and clients. In the traditional acute-care setting, the "patient" was cared for by the health professional, who was considered the "expert" in the health care relationship. Today, nurses and clients must learn to work together and to value the expertise contributed by the client.

It is important to have a balance between professional and community members and an orientation to the roles of all members. Jargon and technical terms should be explained when they are used. But most importantly, professionals must become accustomed to the role of providing expertise without assuming that they have all the answers.

One nurse has found that community members are not intimidated about going to meetings if the topic is described as the "quality of life" in the neighbourhood or the school rather than "health." While community members might defer to professionals on matters of health, they feel competent and confident to speak about the quality of life of their families and themselves. It takes time for public members to question, speak out, and form recommendations. It also takes time for professionals to see the positive impact of allowing time for the community to develop its own solutions. One community development expert advises professionals to think over and over, "the community has the answer"– and to believe it.

Mixing prevention, promotion and primary care

Community health nursing today involves many roles. It is becoming even more complicated where health promotion and illness prevention roles are being combined with primary care. Both prevention and illness care often take place in one community health centre, as in Quebec's long- established CLSCs (Centre local de santé communautaire). In the remote and isolated parts of Canada, nurses provide both health promotion work and primary care. This approach was recently instituted in Alberta with changes made to the *Public Health Act* to allow RNs to deliver extended health services to under-serviced communities. The combined approach is also being tried in health centres in Saskatchewan, using a nurse-physician team.

When primary care is combined with illness prevention and health promotion, such as in Canada's rural and isolated communities, holistic and comprehensive care can result. But the urgent and immediate demands of illness care can easily deflect human resources away from long-term goals of health promotion. Nursing needs descriptive and evaluative studies to understand whether or how one nurse can address a community's prevention and illness care at the same time.

New skills, new attitudes

Since public health nursing certificates were first offered at six Canadian universities in 1920, the knowledge and skills required of program graduates have grown steadily. Today, nurses are required to work as direct care providers, educators, consultants, community developers, facilitators, advocates, counsellors, communicators, coordinators, researchers and evaluators, social marketers and policy developers.[12]

The way in which a nurse engages the community will change depending on the situation. Quite often it will be by forming strategic alliances with existing community groups, cultural associations and school or religious groups. If there is no appropriate existing structure, then the nurse must find partners who have a stake in the issue.

One Ontario nurse, who is responsible for health care in 18 schools, describes the process of stimulating interest in health promotion as follows: "Just keep on talking to people until you find one person who is interested. That makes a little spark of interest. Then that might soon attract a second person, which will make a little fire. That's how it grows."

Many nurses working in this field identify attitude as the key to successful work in the community. Nurses don't provide care *for* the community's health; nurses work *with* the community to promote health.

This thinking moves us from the sphere in which the client is dependent upon "superior" professional knowledge to a world where professional knowledge is only part of the equation. The community's view of the problem – and the appropriate goals and interventions – are just as critical to successful outcomes, if not more so, than the professional expertise. For some nurses, this notion of working *with* rather than caring *for* runs counter to their experience of a professional nurse-client relationship. But it should not necessarily be viewed as a loss, as much as a sign of changing times. In community health nursing, the client and nurse collaborate, learning to appreciate their various forms of expertise.

Making the move to the community

With the restructuring that is taking place in health care throughout Canada, nurses who have provided valuable service in hospitals or institu-

tions are wondering whether they can find work in the community and whether they will need new skills and further education. Community health nursing has required a bachelor's degree in nursing for many years. A number of universities have developed courses specifically to help diploma nurses make the transition to the community.

While many of the values, knowledge and skills used by nurses in an acute care or other institutional setting are transferable, some upgrading of skills and qualifications may be necessary. Some diploma-prepared nurses have been able to move into nursing in the community by working in home care roles rather than in health promotion work or population health strategies. If you are interested in opportunities to work in this exciting and expanding field of nursing, the resources listed below will help you consider your options.

RESOURCES FOR NURSES CONSIDERING COMMUNITY HEALTH

Nurses can continue to make their unique contribution to the health of communities by taking a holistic approach to the client and by working with communities to foster health.

- ☑ See CNA's *Directory of Associate and Affiliate Membership* 1998 for information on specialty groups found on the internet (www.cna-nurses.ca).
- ☑ Contact the Community Health Nurses Association of Canada (c/o CNA) for membership information.
- ☑ See the Canadian Association of University Schools of Nursing web site for directories on continuing education, distance education and degree programs (www.causn.org).
- ☑ Contact your local university and community college for information on degree courses or continuing education programs.
- ☑ Seek involvement on community health centre boards or volunteer committees to increase you knowledge of community health issues and programs.
- ☑ Consult web sites on the internet such as Health Canada's (www.hc-sc.gc.ca) and their Health Promotion On-Line (www.hc-sc.gc.ca/hppb/hpo/).

Nursing with communities

- **Community Nurse Resource Centres in Manitoba**: "The CNRC is a nurse-managed centre. It emphasizes Primary Health Care and uses population health and determinants of health to frame the community's and the nurses' work. CNRCs are unique in that they are owned and developed by the community..." (*Update on CNRCs in Manitoba*, MARN, May 1996).
- **Cheticamp (Nova Scotia) Primary Health Care Project**: This early PHC project used multiple strategies to involve the community – a survey, focus groups, community forums and kitchen table discussions were all used to identify the needs of the community.
- **Al Ritchie Wellness Centre (Regina)**: Community members invited the Regina Health District to join them in developing a wellness centre for this low-income, inner-city community. Of the 10 members on the Steering Committee, seven are residents and three are health care workers.
- **The Comox Valley Nursing Centre (BC)**: Nurses working at the centre have six functions: assessment, direct care, health teaching, health counselling, referral-coordination-case management, and community development and collaboration.
- **The Newfoundland-Denmark PHC Project**: The community and the nurses worked together to choose priorities and implement programs such as healthy weight loss and stress reduction programs.

[1] A community health centre is a publicly funded local organization governed by a board of community members to plan and oversee health services that are usually provided by health care practitioners on salary.

[2] Although the term "community health nursing" is the predominant term in Canada, there are regions where "public health nursing" describes the same role, i.e., nursing that focuses on the health of whole communities or populations, health promotion and illness prevention. This paper attempts to use "community health nurse" or "public health nurse" according to the regional context being discussed.

[3] Subsequent use of "nurse" refers to a registered nurse.

[4] Spradley, B. and Allender, J. (1997). *Readings in community health nursing*. 5th edition. Philadelphia: Lippincott-Raven. (p. 174-175).

[5] Canadian Public Health Association. (1986). *Ottawa charter for health promotion*. Ottawa: Canadian Public Health Association.

[6] Health Canada. (1996). *Towards a common understanding: Clarifying the core concepts of population health*. Ottawa: Health Canada.

[7] CPHA. (1986).

[8] Canadian Nurses Association. (1996). *Commitment required: Making the right changes to improve the health of Canadians*. Ottawa: Canadian Nurses Association.

[9] Canadian Nurses Association. (1995). *Policy statement – A framework for health care delivery.* Ottawa: Canadian Nurses Association.

[10] Canadian Nurses Association. (1997). *Back to basics*. Ottawa: Canadian Nurses Association.

[11] National Forum on Health. (1996). *Canada health action: Building on the legacy.* Ottawa: National Forum on Health.

[12] Canadian Public Health Association. (1990). *Community health – Public health nursing in Canada: Preparation and practice*. Ottawa: Canadian Public Health Association.

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