

The Individual Service Component:

A community health nursing strategy for supporting high risk pregnant women

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Objectives

- Identify health inequities and impacts on birth outcomes
- Describe Toronto Public Health's (TPH) Canada Prenatal Nutrition Program (CPNP) Individual Service Component (ISC)
- Share preliminary evaluation findings
- Identify implications for community health nursing practice

“Community health nurses support equity and the fundamental right of all humans to accessible, competent health care and essential determinants of health”

(CHNC, 2008)

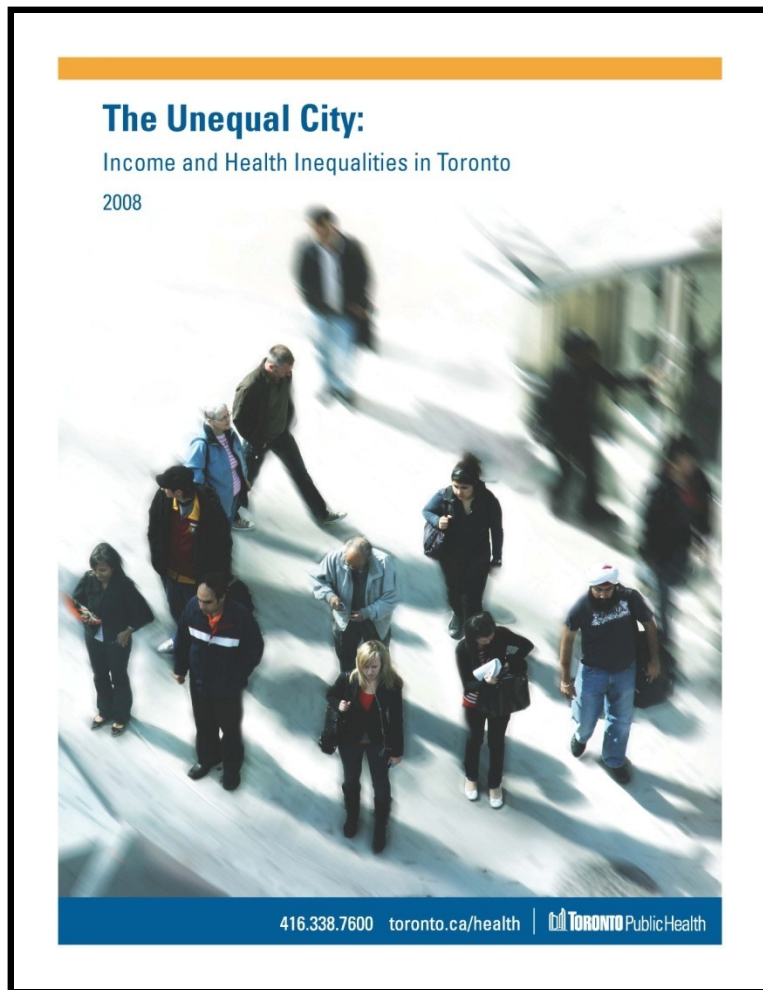


- Growing disparities in society, calls for more action related to health equity
- Community Health Nurses (CHN) have key role to play
- Embedded in our guiding practice documents [e.g., CHN Standards of Practice (CHNSoP)]

Unhealthy Birth Outcomes

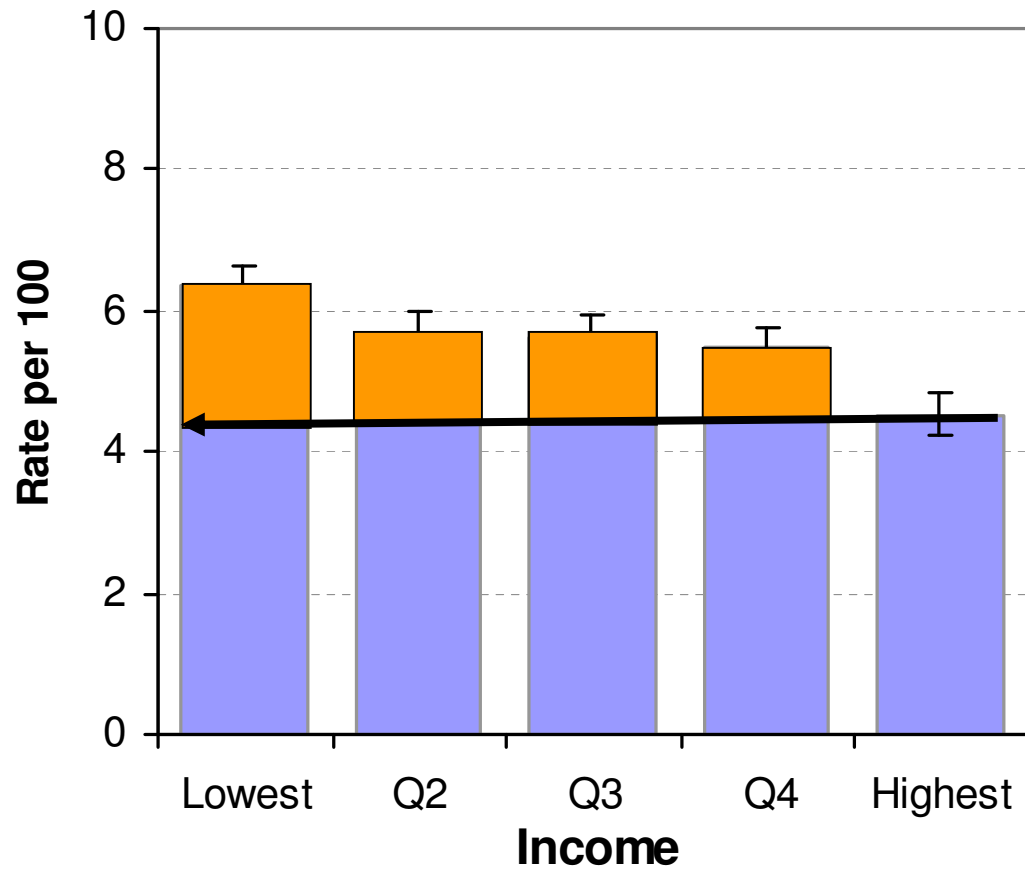
- Poverty
- Teen
- Immigrant and refugee women
- Isolation/Poor access to services
- Substance use
- Violence
- Gestational diabetes
- Aboriginal
- Low birth weight





- Report highlights the link between income and health
- Neighbourhoods with lower income have higher rates of preterm births, teen pregnancy, & low birth weight

Singleton Low Birth Weight Rate, By Income, Toronto, 2004 - 2007



Canada Prenatal Nutrition Program (CPNP)

- CPNP is a national prenatal program funded by the Public Health Agency of Canada
- Provides support to high risk pregnant women
- Program goals include:
 - Improving maternal and infant health
 - Reducing the incidence of unhealthy birth weights
 - Promoting and supporting breastfeeding
 - Building partnerships and strengthening community supports



CPNP in Toronto

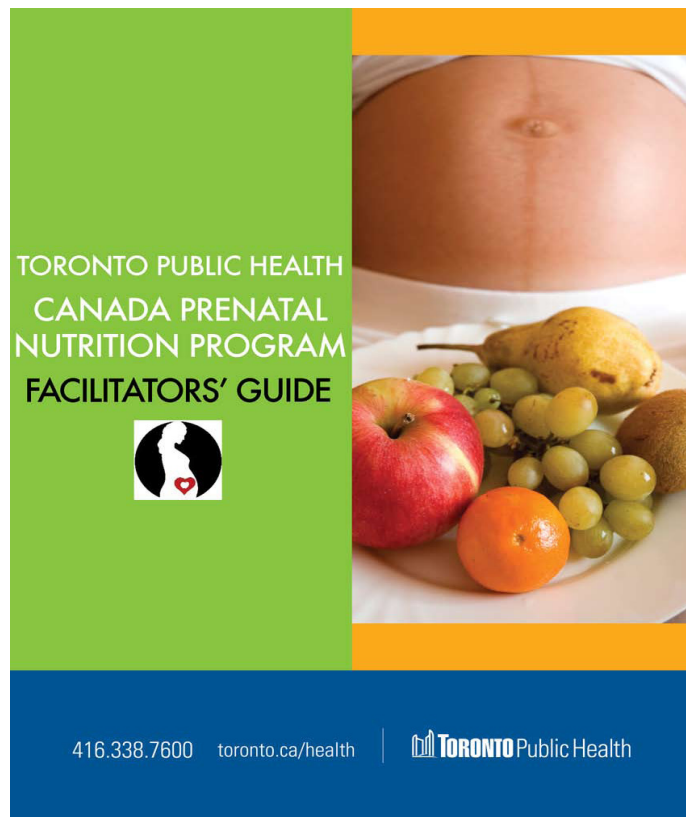
- 7 projects
- 39 sites/locations
- Serves approximately 3,000 high risk pregnant women annually
- Number of community partners collaborate to deliver program



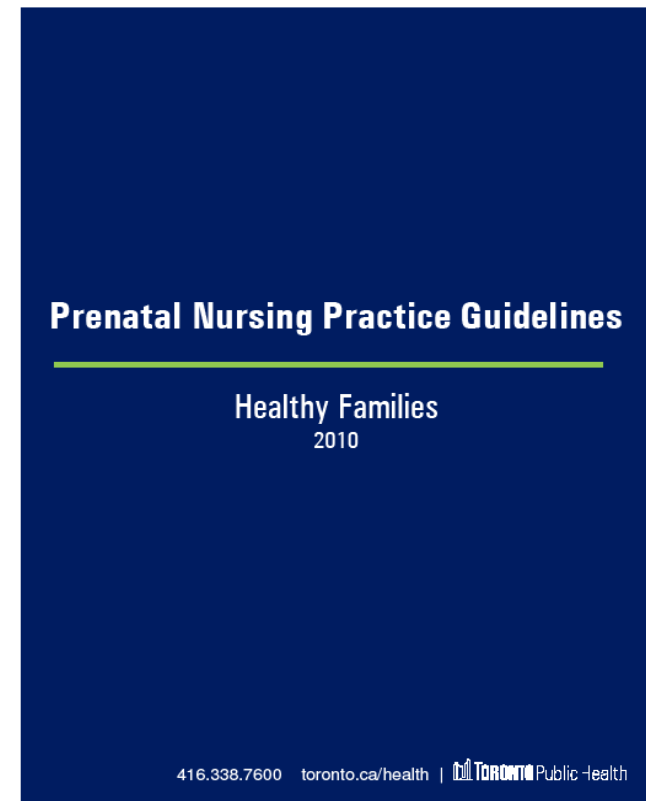
Toronto Public Health:

- Shares similar goals with CPNP to support healthy pregnancies and healthy birth outcomes
- Provides support through in-kind professional health services (i.e. Nursing and Dietitian) to 39 CPNP sites
- Dual service model with two components

1) Group Education



2) Individual Service



TPH - Individual Service Component (ISC)

- Launched in 2006
- Provides support to CPNP participants who have an identified health issue, risk or concern
- Participants are assessed by PHN or RD for eligibility to ISC



ISC Interventions

- One-to-one assessment
- Therapeutic relationship
- Short-term counselling
- Linking/referral
- Service coordination



- Initiated in 2009 by the CPNP Lead Manager as part of on-going service planning
- Examines service delivery between July 2006 and December 2009
- Focus on staff feedback
- TPH Ethics review and approval

Understanding Program Implementation

- How the ISC is being implemented across the 39 CPNP sites in Toronto?
- What is staff feedback on program processes and service delivery (what's working well and not so well)?

Understanding Program Reach

- What is the profile of the clients being reached by ISC?
- How does this profile vary across program sites?
- How does the number of ISC clients vary across program sites?

CPNP PHN & RD Questionnaires - gather information on staff experience in implementing ISC and feedback on program processes (N=66)

Focus Groups PHN - gather in-depth information on ISC, expand and validate findings from questionnaires, and explore PHN experiences with ISC service delivery (N=12)


Focus Group RD - gather in-depth information on ISC, expand and validate findings from questionnaires, and explore RD experiences with ISC service delivery (N=7)

Clerical Staff Questionnaire - gather information from clerical staff on experiences with administrative duties related to ISC (N=12)

Service Request Data & Process Review - generate a profile of clients served by ISC, examine trends in service delivery across sites, and critically examine data entry process (N=473)

Findings – Program Reach

- Client Profile data taken from ISC referrals forms
- Service between July 2006 and December 2009
- Limited to information included on ISC form
- N=473 ISC referrals



Reproductive Health Service Request Form
CPNP PHN Individual Service
RHSRF CPNP PHN Form Type

ICRA # : _____

Census Tract # : _____

Queue: R/H

Queue Office: _____

For Office Use Only

Faxed to ISCS:

Date: _____

For R/H Clerk Only

COMPLETE SECTION A

Section A: Customer Profile Information
 Customer consents to the collection of personal health information.

Salutation: Mr. Mrs. Ms. Date (yyyy/mm/dd): 2006/06/13

Last Name: Doe First Name: Jane

Other Last Name: _____ Other First Name: _____

Date of Birth (yyyy/mm/dd): 1978/06/05 Gender: Male Female

Phone Number: 647 - 765 - 4321 Extension: _____

Other Phone Number: _____ Extension: _____

Address: 4321 Lawrence Ave East Postal Code: M1X - 1A3

Other Address: _____ Other Postal Code: _____

COMPLETE SECTION B
 Eligibility for CPNP PHN Individual Service
 Customer must answer "Yes" to Question B1

CPNP Site: Growing Healthy Together - Lawrence

B1. Does the pregnant customer require individual PHN service at the CPNP site where she is registered? (for use by PHN at CPNP only) Yes

COMPLETE SECTION C
 (Complete Questions 1-4)

Section C: Larson and Additional Information Tool

Questions:	Response Categories:	Score:
1. Mother's Level of Education	0-7 years	19 <input type="checkbox"/>
	8-less than high school diploma	13 <input type="checkbox"/>
	High School Diploma	9 <input checked="" type="checkbox"/>
	College - No degree	6 <input type="checkbox"/>
	College degree or more	0 <input type="checkbox"/>

ReproductiveHealthServiceRequestTemplate-CPNP PHN
 This information is collected under the Personal Health Information Protection Act
 May 2006 Page 1 of 3

Profile of clients served by ISC - *(All referrals, N= 473)*

Age: Mean = 30 years; Range 15-46 years

Gestational age at entry¹: First trimester = 66 (15%); Second Trimester = 171 (39%); Third Trimester = 202 (46%)

Prenatal Education²: Attended 0 -2 sessions = 265 (57%); 3 or more sessions = 116 (43%)

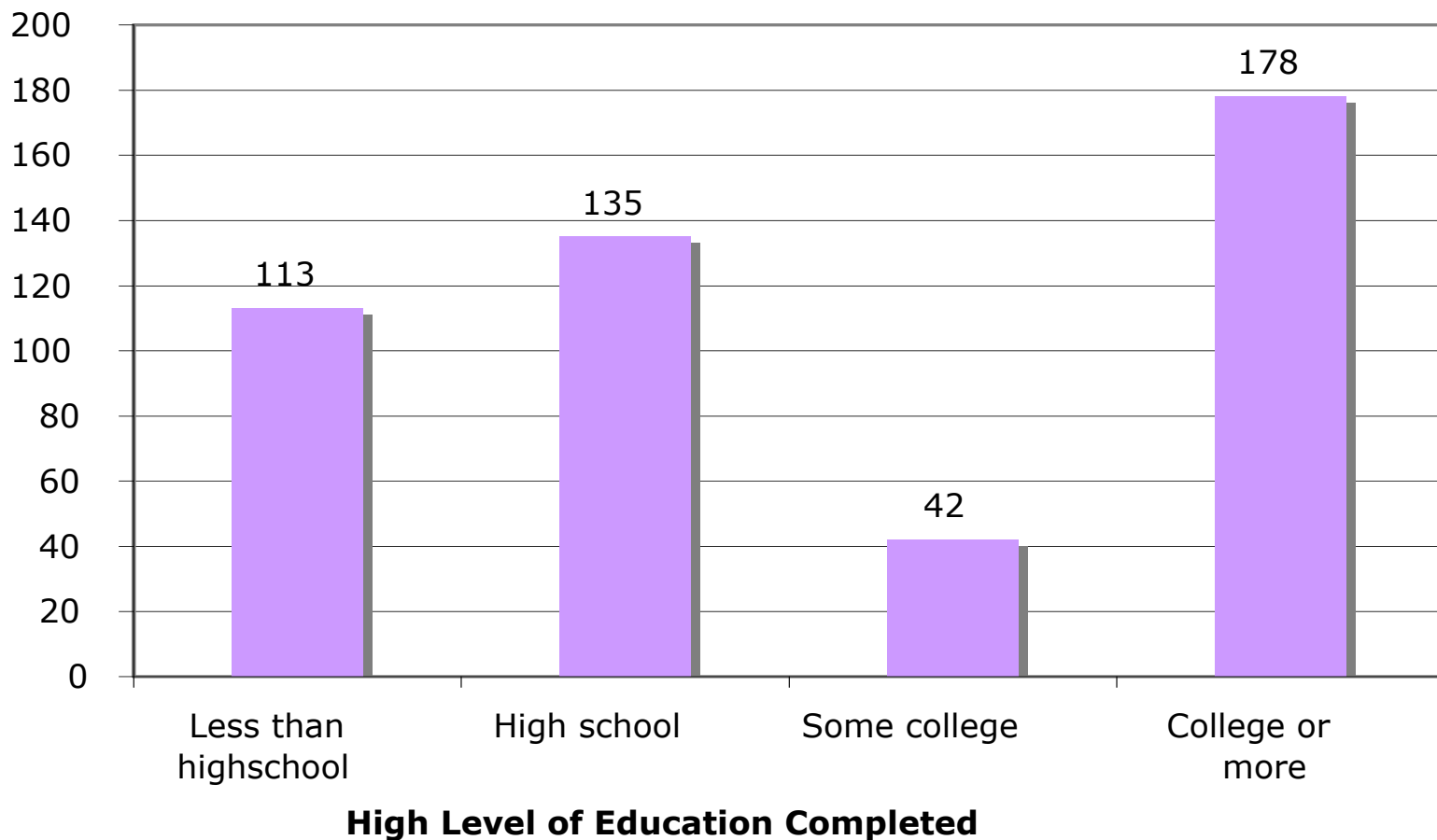
Smoking²: No = 261 (92%); Yes = 25 (9%)

1 – Missing data for 34 clients

2 – Missing data for 4 clients

Findings – Program Reach

Education Level¹



1 – Missing data for 5 clients

Health issue/risk/concern

- 473 ISC referrals generated (2006-2009)
- 1,178 risk factors identified on **all ISC referrals**¹
- Mean = 2.6 risk factors/referral; Range 1 -9

Findings – Program Reach

PHN ISC Referrals (n=765)

	Issue	n ¹	%
1	Postpartum depression	130	17.0
2	Adaptation to pregnancy	75	9.8
3	Finances	74	9.7
4	Other	69	9.0
5	Medical indicators	65	8.5
6	Food security	60	7.8
7	Low birth weight	57	7.5
8	No OHIP/Prenatal care	52	6.7
9	New immigrant	47	6.0
10	Violence	37	4.8
11	Lack of social support	31	4.0
12	Housing	27	3.5
	Environmental exposure, Prenatal alcohol use, Dental, Neural Tube defect & HIV	<15	<1

RD ISC Referrals (n=413)

	Issue	n ¹	%
1	Discomforts in pregnancy	88	21.0
2	Low birth weight	72	17.3
3	Vitamin supplementation	66	16.0
4	Medical indicators	38	9.0
5	Food security	35	8.0
6	Other	35	8.0
7	Gestational diabetes	29	7.0
8	Breastfeeding	13	3.0
9	Financial problems	11	2.7
10	New Immigrant	7	2.0
11	Teen	7	2.0
	Eating disorder, Environmental exposure, HIV, Neural tube defect, No prenatal care/OHIP,	<5	

Implications for practice

- ISC client profile is diverse; clients have multiple health and social risk factors
- ISC interventions aim to reduce health inequities and increase access to services, thereby meeting the CHNC Access & Equity Standard of Practice
- ISC is part of larger program model that works on systems level to address health inequities
 - Partnerships, advocacy and healthy public policy



Community Health Nurses of Canada (CHNC) (2008). Canadian Community Health Nursing Standards of Practice. Toronto, ON: Author. Available from: <http://www.chnc.ca/nursing-standards-of-practice.cfm>

Canadian Nurses Association (CNA) (2010). Social justice... a means to an end, an end in itself. (Second edition). Ottawa, ON: Author. Available from: [www.cna-aiic.ca/CNA/documents/pdf/publications/Social Justice e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/Social%20Justice%20e.pdf)

Ohlsson, A., and Shah, P. (2008). *Determinants and prevention of low birth weight: A synopsis of the evidence*. Edmonton, Alberta: The Institute for Health Economics. Available from: <http://www.ihe.ca/publications/library/2008/determinants-and-prevention-of-low/>

Toronto Community Foundation (2009). *Toronto's Vital Signs 2009*. Toronto, ON: Author. Available from: <http://www.tcf.ca/vitalinitiatives/vitalsigns.html>

Toronto Public Health (2008). *The Unequal City: Income and health inequality in Toronto*. Toronto, ON.: Author: <http://www.toronto.ca/health>

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