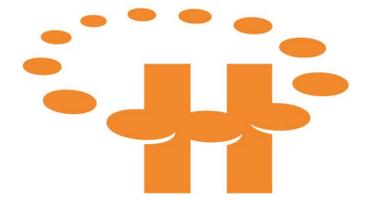


The McQuesten Community Nurse Networker Pilot: An Innovative Collaboration in a Priority Neighbourhood

R. Haalboom, M. Stockwell, L. George, S. Ackerman, B. Browett, J. Feather, J. Nicholl, R. Valaitis, and N. Carter



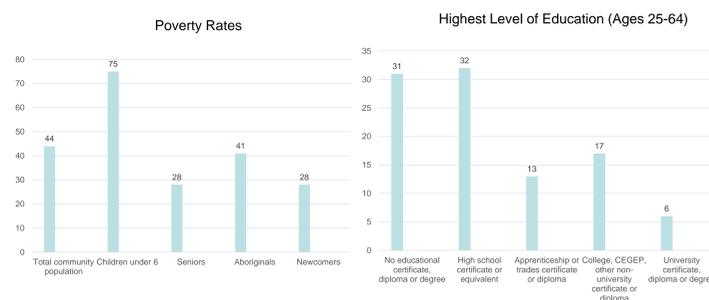
Hamilton Family Health Team

Better care, together.

Background

Poverty, health and social inequalities exist in some neighbourhoods within the city of Hamilton. These communities have been designated as priority neighbourhoods. McQuesten, a community of 7000 residents located in the lower east end of the city, is one of these identified neighbourhoods. The Social Planning and Research Council of Hamilton (SPRC) profile of McQuesten identifies challenges which include high poverty, low income, low levels of education, and an average life expectancy that is 2.4 years less than that of other city of Hamilton residents¹.

McQuesten Neighbourhood Profile (SPRC)



Issue

Hamilton Family Health Teams (HFHT) located in priority neighbourhoods such as McQuesten often identify challenges in being able to address the overall health needs of their patients. Although there are many community resources available to patients, the social determinants of health often remain unaddressed, access to health services remains a barrier and this contributes to the cycle of poverty.

Solution

In response to the need of the McQuesten community, the HFHT partnered with the City of Hamilton, the Hamilton Community Foundation, McMaster University School of Nursing, and the McQuesten Community Planning Team to create a pilot program designed to enhance hope, health and social outcomes within the McQuesten neighbourhood.

We applied the Community-Oriented Primary Care (COPC) model to extend the relationship that primary care providers have with their patients through a Community Nurse Networker (CNN), a specialized nursing practice role.

The CNN connected with patients in both the HFHT practice and in the McQuesten community through referrals from HFHT service providers, referrals from community service providers or from self-referrals during drop-in hours at the local community center.

Measures

- Qualitative data was collected through (McMaster School of Nursing):
 - Telephone and face to face interviews and focus groups
 - A Developmental Assessment of the pilot program
- Quantitative data was collected using 2 validated questionnaires:
 - the WHO QOL-BREF² to measure quality of life
 - the Future Scale³ to measure hope

These surveys were administered to all patients who had interviews with the CNN and repeated every 3 months. A convenience sample of patients attending at the practice on selected days was also asked to complete the questionnaires.

Community Findings

- Creation of networks which enhanced communication, collaboration, coordination of services and community mobilization (e.g. School and Ontario Works partnership).
- Development and integration of sustainable initiatives into the community to address identified needs (e.g. Youth Education & Employment Strategy).
- Building of trusting relationships facilitated transfer of trust to other providers thereby increasing access to and utilization of health and community services (e.g. warm hand-offs from CNN to emergency psychiatric services, Hamilton Police Services, Ontario Early Years Center staff, and Mohawk College Outreach counsellor).

Practice Findings

- Respondents in the group referred to the CNN tended to have fewer years of formal education and were more likely to be living without a partner than those in the convenience sample.
- The referral group reported a lower overall quality of life, were less satisfied with their health, were more likely to feel that their income was insufficient to meet their needs and experienced negative feelings more frequently than those in the convenience sample.
- After CNN intervention, there were modest increases in all four domains of quality of life (physical, psychological, social, and environment). Modest increases were also noted in the hope domains while a decrease was found in negative feelings. None of these, however, were statistically significant due to the small sample size.

Discussion

Primary care providers in the community are often one of the few points of contact with which a strong relationship of trust has been built, especially for those who experience social isolation and marginalization.

Interdisciplinary primary care providers within the HFHT have an exceptional understanding of the social determinants of health that impact the health of their patients and the broader community. This creates opportunities for primary care to implement the COPC model to address health risks through community actions and partnerships. This model of primary care delivery facilitates early identification and treatment, and expands health promotion and disease prevention strategies. It is the collaborative efforts and integration of sustainable initiatives that mitigate the effects of poverty and change the trajectory of individuals and the community.

Primary care practices may benefit from having a specialized Community Nurse Networker dedicated to engaging with difficult to reach patients who have complex physical, social and mental health problems. The CNN ensures the development and integration of a comprehensive care plan that empowers the patient in identifying and achieving personal health related goals. The CNN role bridges primary care and the community, extends the influence of health care services and current resources, and promotes planning for the future.

Limitations

Results are preliminary as data presented is based on results from Phase 1 of the pilot and data collection is on-going. Caution should therefore be exercised due to the small sample sizes. Further, the convenience sample may not be representative of the practice's patient population as a whole.

Acknowledgements

We gratefully acknowledge the McMaster School of Nursing and the McQuesten Community Planning Team and for their assistance and support. This pilot was funded collaboratively by the Hamilton Family Health Team, the Hamilton Community Foundation and the City of Hamilton.

References

- Mayo, S. (2012, March). McQuesten Neighbourhood Profile. Social Planning and Research Council of Hamilton.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- World Health Organization Programme on Mental Health. (1996, December). WHOQOL-Bref: Introduction, administration, scoring and generic version of the assessment. Geneva: Harper, A