A Developmental Evaluation of the Community Nurse Networker Pilot

An innovative example of a priority neighbourhood system navigator

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ACKNOWLEDGEMENTS

The McQuesten community,

Hamilton Community Foundation and the Hamilton Family Health Team
OUTLINE

Introduction

Context
  • The Priority Neighbourhood (McQuesten)
  • The Primary Care Practice Site
  • Navigator Literature
  • Study Design

Findings

Lessons Learned

Limitations

Conclusion

Future Implementation/Next Steps
INTRODUCTION


- Hamilton Spectator Investigative report
- Differences in social determinants of health of Hamilton neighborhoods
- Disparities in health and wealth
  - A 21 year difference in life expectancy between neighborhoods
- Poverty the greatest predictor of health
- Priority or code red neighborhoods revealed

(Buist, 2010; http://www.thespec.com/hamilton-topics/3236468-code-red-hamilton)
MCQUESTEN – AN EXAMPLE OF A PRIORITY NEIGHBOURHOOD

- Young population, high rate of children’s poverty
- Family composition is unique
  - Lone parents
- Accessibility issues
- High number of rental properties
- High Emergency Room usage

(Mayo, 2012)
AN ENGAGED COMMUNITY

McQuesten Neighbourhood
Vision Statement

“We, the residents of McQuesten, are proud of and engaged in our community. We believe in the assets and strengths of the people who live, work and play in our neighbourhood. Through building strong relationships, we work together to ensure our neighbourhood remains a safe and healthy place where everybody has equal access to supports, opportunities, employment, food and the capacity to build a healthy life.”

(City of Hamilton, 2012)
A PRIMARY CARE PRACTICE SITE LOCATED IN A PRIORITY NEIGHBOURHOOD

- HFHT - Model of Primary Care, provides comprehensive care to approximately 280,000 Hamiltonians
- Within McQuesten (Priority Neighbourhood) HFHT Primary Care Site
  - 9 on-site Health Care Providers (not including support staff)
    - 2 MHC, 1 RD, 1 RN, 2 NPs*, 1 MD, Pharmacist, Respiratory Educator
  - 3,619 Rostered Patients according to MOHLTC (December 2012)
- Patient Population Characteristics
  - Patients with Diabetes 15.67%
  - Patients with Depression 10.97%
  - Patients with Ontario Works in History 7.71%
COMMUNITY NURSE NETWORKER (CNN) PILOT

• Stakeholders

• Goal

  Connect primary care with community development by supporting both individuals and the community to engage with the broadest range of services to enhance their health and wellbeing (social determinants of health) via CNN

• Pilot start – September 2013

• Co-located within the HFHT primary care practice site and the neighbourhood community centre

(City of Hamilton, 2013; Hamilton Family Health Team, 2014)
NAVIGATOR LITERATURE

• “Navigator” coined by Freeman et al. (1995) – an intervention to address breast cancer disparities within the women of Harlem, New York

• Primary care navigators are increasing (Manderson et al., 2012)
  - Associated with **specific disorders** and **activities** (Brownstein et al., 2007; Manderson et al., 2012; Norris et al., 2007) and **barriers** (Egan, Anderson & McTaggart, 2010; Ferrante, Cohen & Crosson, 2010; Sofaer, 2009)

• **Navigator role is developing** - lack of evidence describing how navigation is being implemented and evaluated (Brownstein et al., 2007; Norris et al., 2007; Sofaer, 2009)

• For this project, the CNN was defined as a **system navigator** - navigating social and health services and programs – within a community and primary care context
STUDY DESIGN

• Developmental Evaluation
  • The evaluator is involved in an ongoing manner and part of the innovation team, providing evaluative feedback throughout the process (Patton, 1994, Fagen et al., 2011; Patton, 2011)

• Qualitative and quantitative approaches
  • Pilot Stakeholder Interviews (5)
  • Survey data (1)
  • Community Stakeholder Focus Group (11 Participants)
  • Documents (e.g. CNN documentation, Meeting Minutes)
  • Organizational data (e.g. Job description)
  • Ongoing discussion and involvement with evaluation stakeholders
RESEARCH QUESTIONS

• How was the CNN Pilot conceptualized?
  • What was the original idea, who and what is a CNN, has it changed?

• How was the CNN Pilot implemented
  • What were perceived barriers, enablers, and impacts?

• What is the value of having a nurse as the CNN?
  • Why not a social worker, mental health counsellor, or community developer?
CONCEPTUALIZATION OF THE CNN PILOT

Who?
- Public Health Nurse
- Knowledgeable about the community
- Experience in all levels of the health care system
- Enhanced training

What?
- Communication
- Managing Resources
- Addressing and assessing need
- Developing and maintaining the position
- Building capacity
- Providing emotional support

Changes?
- Realization that what was originally described were public health functions
- Role clarity

“I see it [the CNN] becoming more solid then it was” – A Community Resident
CONCEPTUALIZATION OF THE CNN PILOT

HOW DID THE CNN PILOT WORK?

CLIENT
• Assist clients to identify needs and work with clients to develop a plan to address voiced needs

COMMUNITY
• Assist the community in addressing identified needs within a health context

ORGANIZATION
• Assist organizations to be connected to each other and the McQuesten LPT

“We use [the CNN for] people that are, are again, incapable of solving just the regular problems of living…”
A Health Care Provider
## BARRIERS TO PILOT IMPLEMENTATION

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<tr>
<th>PERCEIVED BARRIERS</th>
<th>DESCRIPTION</th>
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<tr>
<td>-Lack of <strong>trust</strong></td>
<td>- Associated with community residents and primary care clients</td>
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<td>-Lack of <strong>clarity</strong> surrounding pilot processes</td>
<td>-How partner organizations worked together e.g. during the selection and hiring of the CNN</td>
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<td>-Lack of physical <strong>resources</strong></td>
<td>-Lack of designated space for the CNN within the community centre and primary care practice</td>
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<td>-Changes in <strong>leadership</strong> within the community</td>
<td>-One-year leadership terms within the community planning team</td>
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<td>-<strong>Cost</strong> of maintaining community interventions</td>
<td>-Development of the Clothing Closet, and the CNN’s maintenance of the intervention within the community</td>
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# Enablers to Pilot Implementation

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<th>Perceived Enablers</th>
<th>Description</th>
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| Experience               | - The person who filled the CNN position and involved pilot stakeholders, having pre-existing relationships  
                              “She [the CNN] just came with all the right experience…” – A pilot stakeholder   |
| Intrapersonal traits     | - Community- and person-centred, knowledge, and skill                                                                                      |
| Consensus and compromise | - “The compromises were a longer process than what was expected…There were some additional steps added that the Family, HFHT hadn’t expected. And at the same time, the compromise from the LPT was to honour the, the position that the HFHT was taking” – A pilot stakeholder |
| Accessibility            | - The co-location of the CNN within the community centre and the primary care practice site                                                |
## PERCEIVED IMPACT OF THE PILOT

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<th>Level (McLeroy et al., 1988)</th>
<th>Themes</th>
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<td><strong>Intrapersonal</strong> (e.g., Client)</td>
<td>Increased knowledge of/access to resources</td>
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<td><strong>Interpersonal</strong> (e.g., Between providers)</td>
<td>Promoted community service providers to work together</td>
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| **Community** (i.e., the priority neighbourhood) | Coordinated services  
Mobilized community goals  
Enhanced community connectedness (engagement)  
Promoted community development |
| **Organizational** | *Primary Care Organization (HFHT)*: Informing staffing and program development; enhanced client flow and access  
*City Public Health Services (HPHS)*: potentially supporting increased collaboration between public health and primary care |
WHY A NURSE?

“I feel strongly that it needs to be a nurse navigator...because of not just the social but there’s a lot of physical and mental problems...a nurse navigator has a better understanding of these issues” – A Community Resident

Nurses

• Have the ability to make connections
• Ability to process on a number of levels (individual, systems)
• Understand the social determinants of Health
• Type of nurse matters (Acute Care, Mental Health, Public Health)

Social Worker

• An “exceptional Social Worker”
• Lack of scope, training

Need for a clinician/health professional
LESSONS LEARNED

• You only get to enter a system once
• Building trust/importance of relationships
• Paying attention to expectations
• Being comfortable with chaos
• Cost of implementing and sustaining community interventions

“People have great ideas, it’s the implementation that is often the challenge” – A Service Provider
LIMITATIONS

• Stakeholder involvement/method
• Specificity
• Difficulty demonstrating impact and effect
  • E.g. Public Health Non-Smoking Campaign
CONCLUSION

• Outlined a developmental approach – its benefits and drawbacks

• Described the CNN’s conceptualization, implementation, and the value of a nurse as the CNN

• Insights into how a system nurse navigator was used to improve the health and well-being of community residents – where they live, work, and play
FUTURE IMPLEMENTATION/NEXT STEPS

• An innovative example of a nurse system navigator operating within a priority neighbourhood/primary care to improve the health and well being of priority neighbourhood
  • Broad impacts, from the client level to organizations
  • At the community level, there was evidence of increased coordination, mobilization, community development, and connectedness – engaging community residents, service providers, and organizations

*This type of intervention may be best suited for neighbourhoods with complex needs and may require extensive engagement from stakeholders*

• What is the true impact of this intervention, can the impacts be sustained, can this pilot (or parts of this pilot) be transferred/reproduced to other neighbourhoods?
• Further research is needed
Acknowledgement

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QUESTIONS?
REFERENCES


