



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

LEARNING FROM PRACTICE: TARGETING WITHIN UNIVERSALISM AT CAPITAL HEALTH



BACKGROUND

Universal public health programs—programs that apply to an entire population—are based on the belief that each member of society should have access to the same services to maintain or improve his or her health. Targeted public health interventions apply to prioritized sub-groups within a broader, defined population. Targeted interventions often address specific needs or issues resulting from social, economic or geographic disadvantages. Each approach has its strengths and challenges. A challenge for the universal approach is that it can widen health gaps if some people are not able to or do not access and benefit from the intervention. On the other

hand, targeted approaches may have little effect on leveling the health gradient if the structural causes of disadvantage are not addressed.¹

Targeting within universalism is an approach that blends aspects of universal and targeted interventions in order to close the gap between the most and least healthy, and reduce disparities along the socio-economic gradient.¹ With this approach, public health can modify and orient interventions and services to meet the needs of the entire population, while addressing the additional needs of population groups that experience marginalization.²

This practice case example created by the National Collaborating Centre for Determinants of Health with staff from Capital Health in Nova Scotia, is to demonstrate the application of targeting within universalism in Canadian public health practice. Look for other documents in the *Learning from practice* series about targeting with universalism.

The Healthy Beginnings Program at Capital Health in Nova Scotia is an example of universal pre-natal education and post-natal support that also identifies new mothers and babies at-risk of poor health outcomes in order to offer them more intensive, long-term services. This example is intended to improve understanding of the concept and application of targeting within universalism by exploring the intervention's development, implementation and renewal. The example highlights the importance of:

- partnering with local agencies, and integrating community members as service providers in order to enhance program effectiveness;
- systematically gathering feedback from clients and service providers to ensure that services are meeting the needs of mothers and babies; and
- ensuring that staff working in universal pre- and post-natal services are also able to recognize and respond to equity issues.

HEALTHY BEGINNINGS AT CAPITAL HEALTH

Capital Health is one of nine district health authorities in Nova Scotia. It serves a population of 400,000 (40 per cent of the province's residents) in both urban and rural communities, including off-reserve Aboriginals, new Canadians, and indigenous black populations. The public health department at Capital Health functions as part of the provincial public health system.

In 2010, the Nova Scotia Public Health System developed a new purpose statement, followed by standards and, most recently, draft protocols.³ The standards highlight the need to "deeply understand the health of communities and address the social, economic and physical environments that strongly influence the health of Nova Scotians" (p.1).⁴

The work of the Healthy Beginnings Program falls within the province's healthy development standards and protocols. Each district health authority implements the program to suit local needs. The Healthy Beginnings model has been in place across the province for more than 10 years and



currently offers both universal and targeted programs to mothers during the pre- and post-natal periods. The objectives of the program include promoting optimal physical, cognitive, emotional, and social development of all Nova Scotian children, and enhancing the capacity of parents and communities to support early child development.⁵ All new parents currently have access to pre-natal education, post-natal screening and breastfeeding support (including telephone check-ins, home visits, and drop-in clinics). The targeted Enhanced Home Visiting program includes assessment of families who screen in (and who elect to participate), and community visitor support for up to three years, with oversight by public health nurses.

Eligibility for the Enhanced Home Visiting Program is based on scores from a multi-factor, point-based screening tool (adapted from Parkyn's Priority Assessment, 1985), consisting of 15 items designed to identify risk factors for parenting challenges or poor infant health outcomes.⁵ The screening

tool includes factors such as the mother's age, education, and employment status. Mothers and babies with scores lower than nine (or 'lower risk' mothers) receive a postnatal phone assessment and may receive a home visit for additional one-on-one support based on a nursing assessment. These families can request long-term support through the targeted program described below; that is, they can "screen in" if they feel they would benefit from the support offered.

If a mother and baby score nine or more points, the family is offered further consultation and assessment through the targeted Enhanced Home Visiting Program. Capital Health's public health team works in partnership with local family resource centres to deliver a community home visitor program, including one-on-one education and support for up to three years, as well as referrals and linkages to other health and community resources. The family-centred program utilizes a strengths-based approach to ensure support is offered in a positive and non-judgemental manner, recognizing families' unique contexts.

COMMUNITY PARTNERSHIPS

In the Capital Health district, public health programs are grounded in community partnerships. Healthy Beginnings relies on close partnerships with the IWK Health Centre, school boards, primary care physicians and family resource centres, all of which offer a wide range of programs and services for families. These partnerships are vital for both the universal and the targeted components of the work.

Family resource centres are well established, multi-service agencies with close connections to the communities they serve. Some of these centres are contracted to work with the Enhanced Home Visiting Program; they employ the community home visitors who deliver the peer support component of the program. These contracts, while they are complex and

sometimes challenging to negotiate and manage, provide clear parameters for the role, education, support and supervision of the community home visitors. The contractual relationship has the added benefit of providing a funding base for the family resource centres, many of which operate on a minimal budget. Community visitors are supervised within the resource centres, in collaboration with Healthy Beginnings public health nurses. This peer support approach, which is validated by research evidence, enables trusting relationships to be developed between clients and home visitors.

CONTINUAL REVIEW AND RENEWAL

In collaboration with the province, each health district monitors and evaluates their Enhanced Home Visiting Programs using a common provincial logic model and evaluation framework.⁶ In 2009, the Western Shared Service Area of Nova Scotia concluded that the program has increased families' confidence to parent their children and cope with and manage stress; improved parenting practices; and "provided a wealth of practical information and hands-on resources and supports to build parenting knowledge and skills" (p. iv).⁷ The home visiting/parent support approach is based on evidence from similar initiatives throughout North America, evidence that continues to be used to improve Capital Health's Healthy Beginnings Program.⁸

Capital Health has conducted evaluations to understand the extent to which the program objectives are being achieved. The program is monitored using data collected from the post-natal screening tool and client tracking system. Evaluation data is collected from service providers, partner organizations and families through focus groups, interviews, story sharing sessions and surveys. Public health staff describe the importance of the "story-telling" aspects of the evaluation; the stories gathered have illustrated program benefits and have been used to inform and modify service delivery.

a For more information about early home visiting and parent support programs visit the NCCDH resource library "Early Child Development" section at <http://nccdh.ca/resources/type/category/early-childhood-development>.

The reflective nature of this public health initiative and the staffs' ability to listen to both clients and front-line service providers has resulted in a shift in the approach they are taking to address equity issues. In 2010, prompted by the evaluation data, Public Health staff recognized that the needs of women, families and communities had changed considerably since the program was launched.

“We wondered if we were keeping up with the times, if we were meeting the changing needs of new parents and their babies, and how could we be working differently” (preface).⁵

Using International Association for Public Participation (IAP2) tools and processes, an extensive engagement process called Babystories was launched, involving more than 400 clients, 140+ community partners, and internal stakeholders. Babystories led to the identification of five main themes, including the need to address priority families, to balance population and individual support, to advocate for health equity, to be entrenched in communities, and to be flexible in service delivery. Citizens involved in the Babystories program

identified the importance of access to information, access to support, continuity of care, compassion, and flexible health care delivery.⁵ Public Health became aware that they were one player among many in the delivery of pre- and post-natal services. The report also called for more efforts to understand and address health disparities, improve screening, and undertake additional monitoring and evaluation, recommendations that are now being addressed.⁵

OVERCOMING OBSTACLES

There are challenges in delivering both universal and targeted programs, one of which is the reliability of the screening process. Some Healthy Beginnings staff members were concerned about families being missed through the screening process, and therefore not being offered supports that could benefit them. They are exploring ways to remove the “hard line” between the universal and targeted aspect of the program, by orienting all Healthy Beginnings public health nurses to the home visiting work and ensuring that their practices respond to a wide range of families in different settings. A new screening tool is being tested with families, with the objective of identifying a wider range of relevant risk factors.

THE LEARNING FROM PRACTICE SERIES

Learning from practice is a series started in 2014 as brief easy-to-read practice examples to demonstrate the integration of health equity into public health practice. This series is launched with three documents that explore targeting within universalism. It is anticipated that other documents will be released within this series.

To download the **Learning From Practice** series, visit www.nccdh.ca



Healthy Beginnings staff report that there has been general acceptance among public health nurses toward this community-driven, equity-focused approach because, in general, public health practice has been about working with communities and the “most vulnerable.” However, there are staff members who believe that all new mothers should receive access to the higher levels of support available to families participating in the Enhanced Home Visiting Program. The Healthy Beginnings program is dynamic and continues to evolve as communities and families change. Partners and providers are involved in the development and delivery of a range of programs and supports appropriate to the needs of the populations they serve. This involves a commitment to collaboration, an understanding based on qualitative and quantitative data, and flexibility within the program models.

PROGRAM SUPPORTS AND CHALLENGES

Healthy Beginnings staff identified the importance of the following supports in the success of their program:

- productive relationships with the community resource centres and other partners;
- a supportive provincial department with effective standards for home visiting;⁸ and
- strong infrastructure support (finance, legal, administration) as well as support for citizen engagement at Capital Health.

Healthy Beginnings staff also named some challenges in implementing the program:

- overall funding challenges faced by the family resource centres that make it difficult to meet the demand for services;
- managing contracts with multiple agencies;
- balancing the need for flexibility and innovation with contract requirements; and
- providing ongoing training and support to public health staff and community home visitors.

LESSONS LEARNED

The Healthy Beginnings Program is an example of a well-established, sustained initiative that continues to evolve to meet the changing needs of families and communities. The program renewal, with increased emphasis on working with priority families, has been informed by Nova Scotia’s public health standards and Healthy Beginnings evaluations. Continuing to reflect on and explore how best to combine universal programming with targeted approaches is vital to finding the balance that best supports families and communities. Staff within the Healthy Beginnings Program emphasize the importance of:

- *Continual Learning and Change* – “Take the time to really understand the people you are working with.”
- *Working in the Community* – “As a public health nurse, have confidence in your role in building capacity in the community. We have the complex skills needed for relationship building.”
- *Working in Partnership* – “Accept that you are not the only game in town. You are one resource among many.”



REFERENCES

1. National Collaborating Centre for Determinants of Health. Let's talk... universal and targeted approaches to health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013.
2. National Collaborating Centre for Determinants of Health. Let's talk ... public health roles. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013.
3. Nova Scotia Public Health. Nova Scotia Public Health Standards 2011-2016. Halifax, NS: Nova Scotia Public Health; 2010.
4. Capital Health. Healthy Beginnings impact evaluation executive summary. Halifax, NS: Capital Health; 2011.
5. Public Health Services. Healthy Beginnings: a situational assessment in Capital Health, version 1.0. Halifax, NS: Capital Health; 2013.
6. Lilley S, Price P. Healthy Beginnings: enhanced home visiting initiative evaluation framework. Halifax, NS: Nova Scotia Department of Health and Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee; 2004.
7. Research Power Inc. Evaluation of the Healthy Beginnings Enhanced Home Visiting Program. Halifax, NS: Nova Scotia Department of Health Promotion and Protection; 2009.
8. Government of Nova Scotia. Healthy Beginnings Enhanced Home Visiting Program standards. Halifax, NS: Government of Nova Scotia; 2012.

Contact Information

National Collaborating Centre for
Determinants of Health (NCCDH)
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdhd@stfx.ca
tel: (902) 867-5406 fax: (902) 867-6130

www.nccdhd.ca
Twitter: @NCCDH_CCNDS

We gratefully acknowledge the staff at Capital Health District Health Authority who supported the preparation of this case example. This document was researched and written by Dianne Kinnon. National Collaborating Centre for Determinants of Health staff, specifically Hannah Moffatt and Miranda Elliott, provided guidance throughout all phases of the project. Megan Aston, Dalhousie University, and Arlene Rose, Health PEI, provided external peer review.

The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2014). *Learning from practice: Targeting within universalism at Capital Health*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-926823-66-9

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health (NCCDH). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Determinants of Health website at: www.nccdhd.ca

La version française est également disponible au : www.ccnds.ca sous le titre *Apprendre par la pratique : ciblage dans un cadre d'universalité la Régie Capital*.