

# **“PRIMARY HEALTH CARE IN ACTION”**

**Enhancing Primary Health Care Delivery  
for the Francophone Community of  
Port-au-Port Peninsula**

**Fédération des francophones de  
Terre-Neuve et du Labrador**

**CONFIDENTIAL DRAFT FINAL REPORT**

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# Executive Summary and Recommendations

## INTRODUCTION

In January 2006 the *Reséau des services de santé en français de Terre-Neuve-et-Labrador (the Reséau)* participated in a project, entitled “**Setting the Stage**”, to support French-language primary health care services planning in all regions of Newfoundland and Labrador where improved access to these services is needed for the Francophone community. The *Reséau* is part of a national effort by the *Société Santé en français* and sixteen similar networks to collect, analyze and bring forward recommended actions.

In April 2006, the *Réseau* developed a report that included an Action Plan for Delivery of Primary Health Care Services in French to serve the Francophone population in five selected communities. The report focuses on services which could be provided through primary health care teams as well as other components of the primary health care delivery system. The teams would act as an access point for French-speaking clients to the broader health care system.

The “**Setting the Stage**” report provided a number of recommendations to improve access to primary health care services for the Francophone communities, including:

- ▶ That efforts to improve French-language service delivery should be founded on established primary health care principles in Newfoundland and Labrador for improving population health status and individual health care outcomes;
- ▶ That Regional Health Authorities’ strategic and operational plans include the provision of French-language primary health care services as a mandatory requirement in the five selected communities;
- ▶ That primary health care services be co-located centrally on the Port-au-Port Peninsula which would support an interdisciplinary and inter-sectoral approach to service delivery; and
- ▶ That a nurse practitioner be added to complement the primary health care services delivered.

## OBJECTIVES

In follow-up to the “**Setting the Stage**” report and to further advance primary health care services planning and access in the Port-au-Port Peninsula, the *Reséau* engaged the support of the consultant firm, HRA, to:

- ▶ Develop a model for delivery of primary health care services with a focus on the needs of the local Francophone population in the Port-au-Port Peninsula; and

- ▶ Create favourable conditions so that responsible authorities, the Department of Health, the Regional Health Authorities and municipal authorities, participate actively and engage in elaborating the model.

This next phase of work by the *Réseau* is entitled “**Primary Health Care in Action**”.

A series of teleconferences and in-person meetings were held with Department of Health and Community Services and Western Health Authority officials responsible for Primary Health Care and Population Health in Newfoundland and Labrador, during the months of December 2006 and January 2007, to introduce the “**Primary Health Care in Action**” project and to request an opportunity for the Western Health Authority and the *Fédération des francophones de Terre-Neuve et Labrador* to work in partnership, in the development of a Primary Health Care Plan for the Francophone community living within the Port-au-Port-Stephenville area. Western Health Authority CEO, Susan Gillam, and Vice-President of Population Health, Michelle House supported the approach taken by the *Réseau*; that community consultations would be held with the Francophone community in the Port-au-Port-Stephenville area using a broad health determinants approach in keeping with the components of the Provincial Primary Health Care Framework for Newfoundland and Labrador.

The Western Health Authority (WHA) agreed to work in partnership with HRA consultants, on behalf of the *Réseau* and *Association régionale de la Côte-Ouest* (ARCO), the local Francophone association in the Port-au-Port Peninsula. It was agreed that community and health provider consultations would be held to:

- ▶ Reconfirm and validate primary health care issues for the Francophone community in the Port-au-Port area;
- ▶ Assess stakeholder interest in the development and implementation of a model of primary health care services;
- ▶ Assess stakeholder interest in establishing a Primary Health Care Advisory Committee to facilitate community and primary health provider involvement; and
- ▶ Broaden engagement from other key stakeholders.

Senior WHA officials viewed the Francophone community and health provider consultations proposed by the *Réseau* as an opportunity to inform the WHA Regional Primary Health Care Plan which is expected to be developed by March 2008. Information obtained during the Francophone community consultations will be incorporated into the strategic Regional Plan. Heather Taylor, Regional Director of Health Promotion and Primary Health Care, was identified as the WHA official who would participate in the community and health provider consultations.

To further prepare for community and health provider consultations preliminary consultation planning meetings were held. On January 15<sup>th</sup>, HRA consultants met with WHA officials, Michelle House, Vice-President of Population Health; Karen Alexander, Director/Site Coordinator of Secondary Services, Sir Thomas Roddick Hospital; and Sheila Millar, Department of Health and Community Services official responsible for Primary Health Care. On January 16<sup>th</sup> further meetings were held with Francophone community representatives at *Centre scolaire et communautaire Saint-Anne* at Grand'Terre, and WHA health and community services managers at Sir Thomas Roddick Hospital in Stephenville.

A second round of Francophone community consultations was held on February 26<sup>th</sup> at *Centre scolaire et communautaire Saint-Anne* in Grand' Terre. Consultations with health and community services managers and front-line staff were conducted on February 27<sup>th</sup> in Stephenville. The findings of the consultations contained herein have been validated by WHA officials and community representatives.

## **RECOMMENDATIONS AND KEY AREAS FOR ACTION**

Taking into consideration the profile of the Francophone Community on the Port-au-Port Peninsula, the health and community services currently available to the residents, the unique aspects of offering and receiving health services in rural Newfoundland, and the strengths that currently exist within the community and the WHA which favour enhanced primary health care services, HRA consultants offer the following recommendations:

### **Recommendation # 1:**

**Establish a community advisory committee to strengthen relationships and partnerships between the Francophone community on the Port-au-Port Peninsula, the Port-au-Port municipalities, the Western Health Authority, and other sectors such as education and justice.**

#### **Rationale**

- ▶ The District Advisory Committee has been a successful vehicle to support collaborative decision-making among community, municipal, and regional health authority partners with respect to matters of health care within Southwestern Newfoundland. Building upon this model for community engagement, an appropriate configuration of the advisory committee could be mobilized to focus on the enhancement of primary health care services to the Port-au-Port Peninsula, ensuring that continuity of care and the unique linguist needs of this community are identified as priorities for service delivery.
- ▶ Local staff resources exist in the community, including three local Francophone organizations, ARCO, and the Francophone Seniors project. Staffing from these local resources could be used to support

further consultations and raise the level of awareness and understanding of the primary health care model within the Port-au-Port community. The organizations may need to consider shifting their respective priorities to improving primary health care services for the communities they serve.

- ▶ Once established, the Community Advisory Committee should approach municipalities and local service districts who are working successfully on regional collaborative initiatives such as garbage collection, fire services and municipal water supply to begin discussions on primary health care enhancement initiatives through collaborative approaches on the Peninsula.
- ▶ Consideration must be given to improved utilization of existing community resources such as the *Centre scolaire communautaire Sainte-Anne* and the *Conseil scolaire francophone provincial* in delivering primary health care programming to the Francophone community; and
- ▶ Commitment to a co-ordinated approach involving community members, health care providers, educators and community organizations must be obtained because each partner is important in improving the health status of individuals within the community, specifically; and that of the community, generally. The community's response to primary health care enhancement must consider the unique features, social and economic resources of the area. Government institutions, schools, all community members and the voluntary sector must commit to working together, as each has an important contribution. A co-ordinated approach from the larger community network is critical in building capacity on the Port-au-Port Peninsula.

## **Recommendation # 2:**

**Improve communication to the Francophone community regarding the Primary Health Care Model and primary health care services available.**

### **Rationale**

- ▶ There is a need – and an opportunity – to inform people in the community about:
  - ▶ The primary health care model and how it can contribute to improving population health;
  - ▶ The population health approach; community initiatives vs. individual approaches; and,

- ▶ The range of primary health care services available to the Francophone community and where these can be accessed;
- ▶ Establish a joint WHA - Francophone community mechanism, led by the Regional Director of Primary Health Care and Health Promotion, to deliver community information sessions describing the primary health care framework and available primary health care services on the Port-au-Port Peninsula, including those services offered in French;
- ▶ Use French radio and print media to communicate primary health care services available to the Francophone Community (Radio-Canada, *Le Gaboteur*);
- ▶ Use existing community partnerships and resources such as the Community Education Network, Family Resource Centres, the *Centre scolaire communautaire Sainte-Anne*, the *Conseil scolaire francophone provincial*, the three local Francophone Associations and ARCO, to build understanding of primary health care principles, acceptance and support within the community; and,
- ▶ The local Francophone community, ARCO and the *Réseau* must engage the WHA in further discussions on the importance of including the delivery of French-language services in their strategic and operational plans, as there is no longer any doubt about the importance of the linguistic dimension of primary health care. Existing international and national research provides strong evidence that communication and comprehension difficulties affect the quality of health care services and the health status of linguistic minority communities. The ways and means to improve French-language health services must be implemented in the short, medium and long term. The “Setting The Stage” report of the *Reséau des services de santé en français de Terre-Neuve et Labrador* provides the framework for such action.

### **Recommendation #3:**

**Implement a project based on the Primary Health Care Model on the Port-au-Port Peninsula that improves continuity of care for the Francophone community.**

#### **Rationale**

- ▶ A demonstration project implementing the provincial primary health care framework on the Port-au-Port Peninsula, consisting of a core team of primary health care providers practicing from a primary health care perspective using a collaborative approach seems ready for



development. Community leaders and certain members of the current health system would need to be convinced that shifting from a historically accepted medical model to a primary health care collaborative practice model constitutes an opportunity to improve the delivery of health care to the people of the Port-au-Port Peninsula.

- ▶ Consideration must be given and opportunities sought to establish a primary health care team at a central location on the Port-au-Port Peninsula where an inter-disciplinary team could be co-located, or alternatively, from which a visiting inter-disciplinary team could offer services. The core primary health care team would comprise a nurse practitioner, public health nurses, home care nurses, social workers, a dietitian, and a physician. The broader primary health care network would include other health care providers including physiotherapists, occupational therapists, mental health and addictions, secondary medical service providers, members of the community, youth corrections, child protection, and members of other sectors such as education.
- ▶ The existing physician payment model needs to be revisited as it is not supportive of the primary health care model; there needs to be an opportunity to reallocate funds to other primary care envelopes to support appropriate service delivery.
- ▶ Improved understanding of the roles of primary health care providers is needed. Further, there is a need to help the community understand the importance of their role in collaborating with primary health care partners to build community capacity and self-reliance. The community must come to the understanding and belief that health providers cannot be, and should not be, all things to the community.
- ▶ Conditions for success must be put in place to ensure the acceptance of a new model for health service delivery. It is important for members of the community to better understand what each member of the health care team does, what services are available and which ones are not. It is equally as important that members of the primary health care team understand the roles of the different providers on the team and receive support to collaborate effectively in a primary health care environment. Work must be done to build the team relationship among the health providers; how to shift to a collaborative model where the contribution of all members of the team is equally valued.
- ▶ Establishing a primary health care team and network develops the opportunity to bring services to the community to support people where they live. Flexibility in programming must be considered to provide services after hours – currently there is little to no access to primary health care services after 4:00 pm and on weekends. As it

now stands, Port-au-Port Peninsula residents must access the Stephenville emergency department, which does not support the primary health care principle of access: the right health provider, at the right time, in the right place; rather it places an additional strain on an over-burdened acute care system.

- ▶ The WHA should deliver the education and orientation curricula developed through the *Building a Better Tomorrow* (BBT), an Atlantic Primary Health Care Initiative which developed modules for use in communities, to health care providers in the Port-au-Port-Stephenville area. These modules, available in English and French, include the following continuing education modules which support health care providers currently engaged in primary health care activities to develop competencies for interdisciplinary collaborative practice:
  - ▶ Facilitating Adult Learning;
  - ▶ Conflict Resolution;
  - ▶ Building Community Relationships;
  - ▶ Team Building;
  - ▶ Understanding Primary Health Care;
  - ▶ Collaborating in Practice; and
  - ▶ Getting Started in Program Planning and Evaluation.

A number of these modules would be suitable for community awareness sessions delivered to community members and representatives of the proposed Community Advisory Committee. It is important that this work is positioned as a Port-au-Port Peninsula initiative and transcends language boundaries.

#### **Recommendation # 4:**

#### **Create incentives for health care providers to locate and stay on the Port-au-Port Peninsula.**

##### **Rationale**

- ▶ The availability of a sufficient number of health professionals in rural and remote communities will continue to be a key population health issue in coming years as a result of demographic trends, irrespective of health professionals' language skills. Targeted resources may be drawn from three pools, namely, students graduating from Anglophone or Francophone universities, Francophone professionals practising in Anglophone settings, and immigrant health professionals;

- ▶ Various approaches to promoting the recruitment of health professionals include:
  - ▶ Making students aware of health career options, and providing scholarships to encourage individuals from the Francophone community on the Port-au-Port Peninsula (who may return to practice in their communities) to pursue studies in health care;
  - ▶ Providing opportunities for clinical placement in the Port-au-Port- Stephenville area (preferably in combination with guaranteed employment), in order to support students returning home; and
  - ▶ Cancelling student debt or awarding scholarships tied to settling in the community;
- ▶ Given the challenges of recruiting and retaining health care providers to the Port-au-Port Peninsula, the community needs to consider opportunities to “grow their own” health care providers. It is well documented that health care providers who are financially supported during their education by their home communities, and remain connected to their home communities during their education, are more likely to return to practice within their home communities;
- ▶ The WHA, the *Réseau* and ARCO need to work collaboratively in pursuing opportunities for partnership with Anglophone and Francophone post-secondary institutions and health professional associations to identify potential candidates for job opportunities within the Port-au-Port-Stephenville area;
- ▶ Opportunities to support the existing health care professionals need to be pursued such as:
  - ▶ Flexible personnel and employment policies that recognize the additional challenges that come with working in remote and rural areas;
  - ▶ Providing opportunities for professional development to health professionals so that they may acquire skills related to inter-cultural awareness and adapt these to meet certain community needs; and
  - ▶ Providing French medical terminology training to Francophone health professionals who studied in English to increase their confidence level and desire to practice in French.

## KEY FACTOR FOR SUCCESS

A key factor for success is that relationships established between the Western Health Authority and the Francophone community through this consultation process must continue and strengthen, particularly between the Population Health Branch of Health and Community Services Western and the local francophone organizations. Currently, the Regional Director of Primary Health Care and Health Promotion is a member of the *Réseau des services de santé en français de Terre-Neuve et Labrador*. The ongoing participation of the Francophone community in primary health care delivery through identification of health needs and priorities is critical in making sustainable improvements to access to primary health care services. The key action areas and recommendations in this report support two strategic outcomes: strengthening and building community involvement, and obtaining commitment from the Western Health Authority. It is through strong partnerships and ongoing commitment that improved access to primary health care services will be achieved for the Francophone community specifically and, more generally, the entire Port-au-Port Peninsula.

# “Primary Health Care in Action”

## Enhancing Primary Health Care Delivery for the Francophone Community of Port-au-Port Peninsula

### INTRODUCTION

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## METHODOLOGY

A series of teleconferences and in-person meetings were held with Department of Health and Community Services and Western Health Authority officials responsible for Primary Health Care and Population Health in Newfoundland and Labrador, during the months of December 2006 and January 2007, to introduce the “**Primary Health Care in Action**” project and to request an opportunity for the Western Health Authority and the *Fédération des francophones de Terre-Neuve et Labrador* to work in partnership, in the development of a Primary Health Care Plan for the Francophone community living within the Port-au-Port-Stephenville area. Western Health Authority CEO, Susan Gillam, and Vice-President of Population Health, Michelle House supported the approach taken by the *Réseau*; that community consultations would be held with the Francophone community in the Port-au-Port-Stephenville area using a broad health determinants approach in keeping with the components of the Provincial Primary Health Care Framework for Newfoundland and Labrador.

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An *ad hoc* community consultation committee was struck to plan and organize the community and health provider consultations in the Port-au-Port-Stephenville area comprised of:

- ▶ Patsy MacLean, consultant, HRA;
- ▶ Jean-Paul Arsenault, consultant, HRA;
- ▶ Robert Cormier, community representative, *Association régionale de la Côte-Ouest*; and,
- ▶ Heather Taylor, Regional Director of Health Promotion and Primary Health Care.

HRA consultants conducted research and documentary review in preparation for the community and health provider consultations including a review of:

- ▶ Provincial and WHA documents outlining the Provincial Primary Health Care Framework for Newfoundland and Labrador;
- ▶ Template for primary health care enhancement proposal development;
- ▶ Primary Health Care Enhancement Proposal for the Bonne Bay Area; and,
- ▶ Primary Health Care Proposal For Deer Lake / White Bay.

To further prepare for community and health provider consultations preliminary consultation planning meetings were held. On January 15<sup>th</sup>, HRA consultants met with WHA officials, Michelle House, Vice-President of Population Health; Karen Alexander, Director/Site Coordinator of Secondary Services, Sir Thomas Roddick Hospital; and Sheila Millar, Department of Health and Community Services official responsible for Primary Health Care. On January 16<sup>th</sup> further meetings were held with Francophone community representatives at *Centre scolaire et communautaire Saint-Anne* at Grand'Terre, and WHA health and community services managers at Sir Thomas Roddick Hospital in Stephenville.

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## THE FRANCOPHONE COMMUNITY OF THE PORT-AU-PORT PENINSULA

### Geographical Distribution of the Francophone Population

The table below presents a picture of the distribution of Newfoundland and Labrador's French-first-language population. According to the 2001 Census, there are 2,515 Francophones in the entire province. Just under 30% of this population (735) lives in the greater Bay St. George area, about 25% in the greater St. John's area, 15% in Labrador City-Wabush and 5% in Happy Valley-Goose Bay. The remainder live in scattered locations, primarily in the Bonavista-Notre Dame area and on the Burin Peninsula. According to the 2001 Census, the Francophone population in southern Labrador in the communities of Capstan Island, Forteau, l'Anse-au-Loup, l'Anse-au-Clair, l'Anse-Amour, Pinware, Red Bay and West St. Modeste is only 35.<sup>1</sup> Overall, the Francophone population decreased by 3% between 1996 and 2001.<sup>2</sup> This compares to a province-wide decrease in population over the same period of 7%.<sup>3</sup>

The table also shows the Francophone population as estimated by the Fédération des francophones de Terre-Neuve et du Labrador (FFTNL). According to its figures, there are 3,450 Francophones in the five communities identified for the purposes of the "**Setting the Stage**" project. The lower numbers recorded in the 2001 Census can be explained by a number of factors which are commonly found in other isolated Acadian and Francophone communities across Canada and which lead to "under-reporting" of French-first-language residents:

- ▶ Residents may be elderly and choose to have someone else fill out the Census forms on their behalf;
- ▶ Residents may not comprehend the definition of "mother tongue";
- ▶ Residents may not have spoken French for years and may not therefore identify with the language;

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<sup>1</sup> 2001 Census Community Profiles. Statistics Canada.  
<http://www12.statcan.ca/english/profil01/CP01/Index.cfm?Lang=E>

<sup>2</sup> 1996 Census Community Profiles. Statistics Canada.  
<http://www12.statcan.ca/english/Profil/PlaceSearchForm1.cfm>

<sup>3</sup> Community Accounts. Government of Newfoundland and Labrador.  
<http://www.communityaccounts.ca/communityaccounts/onlinedata/default.asp>



- ▶ There may be a social stigma attached to the use of a language which residents have only ever spoken at home and never in public;
- ▶ Residents may have had their entire education in English and may not therefore consider themselves to be French; and
- ▶ Their area of residence may lack a Francophone organization and, consequently, residents may feel that they are not generally part of the Francophone movement.<sup>4</sup>

**Figure 1**  
**Comparative Census Data – 1996 and 2001 – and FFTNL Estimates**

	1996 Census			2001 Census			2006 FFTNL (est)	
	FFL	Total	% FFL	FFL	Total	% FFL	FFL	% FFL
Labrador City	415	10 473	4	360	9 638	3.7	500	5.2
Happy Valley-Goose Bay	275	8 655	3.2	125	7 969	1.6	250	3.1
Southern Labrador	5	2 062	0.3	35	1 988	2	200	11.2
Bay St. George	780	21 007	3.7	735	18 755	3.9	1 500	8
St. John's	690	174 051	0.4	600	172 918	0.3	1 000	0.6
<b>Total NL</b>	<b>2 165</b>	<b>216 248</b>	<b>1</b>	<b>1 855</b>	<b>211 268</b>	<b>0.9</b>	<b>3 450</b>	<b>1.6</b>

The Francophone community in Newfoundland and Labrador faces a number of demographic challenges:

- ▶ Nearly 85% of Francophones speak English, and 10% of Francophones indicated in the 2001 Census that they understand English only;
- ▶ It is an aging population in which the majority of Francophones (53.7%) are aged 30 to 59, with Francophones under the age of 30 constituting only 26.8% of the population;
- ▶ Francophones 19 years of age and younger are much more likely to also speak English as a mother tongue;
- ▶ There are more exogamous (between Francophones and Anglophones) than endogamous marriages; and

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<sup>4</sup> Personal communication. Ali Chaisson, Executive Director. Fédération des francophones de Terre-Neuve et du Labrador, and Jeff Butt, Liaison Officer, Office of French Services. January 2006.

- ▶ About 65% of the population speak English at home more often than French.

## Health Status of Atlantic Francophone Communities

Health Canada regards health as the complex interplay between social, economic, and environmental determinants and states:

“...a variety of factors affect health including gender, age, genetics, personal health practices, coping skills, social support, working conditions, the physical environment and early childhood experiences. Perhaps the most powerful influence on health, however, is socioeconomic status which is measured...by income and education levels.”<sup>5</sup>

Poverty is recognized as one of the most reliable predictors of poor health and chronic disease, more so than factors such as high cholesterol, high blood pressure and smoking. No matter which measures of health and cause of death are used, low-income Canadians are generally more likely to have poorer health and to die earlier than other Canadians. In fact, adverse economic and social conditions are associated with the higher prevalence of almost all types of chronic disease, including both communicable and non communicable disease and mental health problems.

The Atlantic Regional Office of Health Canada’s Population and Public Health Branch (PPHB) held consultations with Acadians and Francophones in the four Atlantic provinces in March 2001 to support the development of an action plan for addressing the health issues of Acadians and Francophones in Atlantic Canada.<sup>6</sup> It was noted that there is little reliable information about the health status of Acadian and Francophone communities.

Between 50 and 55% of French-speaking minority communities in Atlantic Canada have little or no access to health services in their mother tongue. Between 40 to 45% of Francophones have partial access or total access to French-language health services. Wide disparities exist among provinces and within provinces. Significant variations occur by type of service.<sup>7</sup>

Studies of certain French-speaking minority communities have shown that Francophones are in poorer health than their Anglophone counterparts. In Ontario, for example, a study revealed that a smaller proportion of Francophones than anglophones described their state of health as “excellent”.

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<sup>5</sup> The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada - A Discussion Paper. Population Public Health Branch Atlantic Region, Health Canada. 2003.

<sup>6</sup> Action Plan for Addressing Health Issues of Acadians and Francophones in Atlantic Canada. Population Public Health Branch Atlantic Region, Health Canada. 2001.

<sup>7</sup> Improving Access to French-Language Health Services. Study Coordinated by the *Fédération des communautés francophones et acadienne du Canada* for the Consultative Committee for French-Speaking Minority Communities. Ottawa. June 2001. pp. 21 to 30.

Another Ontario study on the prevalence of diseases revealed that the rates of certain diseases (respiratory disease, hypertension, musculoskeletal problems) for Francophones were higher than those recorded at the provincial level.

A study conducted in New Brunswick found that, once geographical factors were taken into account, the variable of language was a discriminating factor in the health status of the province's populations. Francophones in northern New Brunswick had the highest rates of institutionalization and hospitalization in the province.<sup>8</sup>

These studies show that Francophones are in poorer health and that socioeconomic conditions place them at risk from a health determinants perspective. Clearly, the accessibility of health services is of great importance to the Acadian and Francophone population. Access to services in the user's language has benefits that extend far beyond respect for the user's culture. It is indispensable for improving the health status of individuals and for community empowerment in matters of health.

### **Health Status Indicators – Population of Newfoundland and Labrador**

In Newfoundland and Labrador, no reliable data exist describing the health status of the Francophone population *per se*. We are therefore required to extrapolate from province-wide data, knowing that socioeconomic indicators for this particular segment tend to be less favorable than those for the population as a whole. Information available through the Newfoundland and Labrador Centre for Health Information provides many useful insights on health indicators and shows the following provincial results when compared to national averages, most of them negative:<sup>9</sup>

- ▶ Circulatory system disease rate is higher
- ▶ Cancer rates are higher
- ▶ Life expectancy is lower
- ▶ Disease-free life expectancy is lower
- ▶ Infant mortality rate is lower
- ▶ Smoking rate is higher
- ▶ Obesity and overweight rates are higher
- ▶ Physical activity rate is lowest in Canada
- ▶ Fruit and vegetable consumption is lower
- ▶ Health expenditures per capita are higher

A number of studies show that Francophones in communities across Canada are in poorer health and that socioeconomic conditions place them at risk from a health determinants perspective.

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<sup>8</sup> Ibid. p. 5.

<sup>9</sup> Fast Facts. Newfoundland and Labrador Centre for Health Information.  
[http://www.nlchi.nf.ca/research\\_fastfacts.asp](http://www.nlchi.nf.ca/research_fastfacts.asp)

## **Health and Social Status of People Living on the Port-au-Port Peninsula**

The Newfoundland and Labrador Community Accounts program provides a wealth of information on communities. It is a province-wide, online data retrieval system for locating, sharing and exchanging information related to the province and its people. It provides users with a single comprehensive source of community, regional, and provincial data that would normally not be readily available, be too costly to obtain, or too time consuming to manually or otherwise retrieve and compile.

The system allows users to custom generate a limitless number of tables and illustrative graphics on key social and economic indicators organized by geography and data topic within ten distinct accounts: Household Spending, Income, Social, Health, Labour Market, Production, Demographics, Education, Resource/Wealth and Environment. An additional account, termed Well-Being, allows users to compile indicators from each of the above domains to develop a better understanding of the factors that determine the status and progress of their communities and regions. HRA has selected a number of indicators for the Bay St. George area which includes the Port-au-Port Peninsula and the Stephenville area.

### *Bay St. George*

The Bay St. George area includes the communities of Black Duck, Cold Brook, Fox Island River, Gallants, Georges Lake, Kippens, Mattis Point, Noels Pond, Point au Mal, Port-au-Port East, Spruce Brook, Stephenville, Stephenville Crossing and the Port-au-Port Peninsula. The 2001 Census population for Bay St. George was 16,920, representing a decline of 10% since 1996. The 2003 income for every man, woman and child (personal income per capita) in Bay St. George was \$16,100 compared to personal income per capita for the province of \$19,800 and \$24,900 for Canada. The 2003 self-reliance ratio for Bay St. George was 70%, lower than the provincial self-reliance ratio of 77%. The employment rate for the entire year 2000 for those aged 18 to 64 was 59%, significantly lower than the provincial employment rate for the same period of 74%. In 2001, 43% of individuals in Economic Zone 09 (the zone to which Bay St. George belongs) rated their health status from very good to excellent compared to the provincial number of 67%. In 2001, in Bay St. George, 66% of people 25 to 29 years of age had at least a high school diploma compared to 79% in the entire province and 85% for Canada. In Bay St. George about 10% of people aged 25 to 54 had a Bachelor's Degree or higher in 2001 compared to 13% in the province as a whole. Twenty-four percent of the population received social assistance at some point during the year 2003 compared to the provincial rate of 13%. Forty percent of the labour force in Bay St. George collected Employment Insurance in 2003, slightly higher than the provincial rate of 37%.

### *Southwestern Newfoundland*

Understanding the Early Years (UEY) a national research initiative regarding early childhood development was conducted in Southwestern Newfoundland and a report was

released in June 2002.<sup>10</sup> It provides communities with information to enable them to make informed decisions about the best policies and most appropriate information about the influence of community factors on children's early development and to improve the community's capacity to use these data in monitoring child development and creating effective community-based responses.

The report is one of five community reports describing children's outcomes and explaining them in terms of three factors: family background, family processes and community factors. Children's outcomes were assessed in three major categories: physical health and well-being, cognitive skills, and behavioural measures.<sup>11</sup>

The UEY Report looked at how family background affects children's readiness for school; information about the relationship between family background and children's outcomes was presented. This section of the report showed the relative levels of income, education, employment, and single-parenthood for families at the community, provincial and national levels.<sup>12</sup>

The report characterized the community as relatively poor in socio-economic terms. Nearly 54% of the families were considered low income (less than \$25,000 annually) compared to about 43% in Newfoundland and 23% in Canada overall. Compared to both provincial and national averages parents had relatively low levels of education (did not complete high school). More children's mothers had completed high school (70.6%) than fathers (55.8%). Fewer mothers than fathers worked outside the home.

Unemployment levels are high for both mothers and fathers in the area as is the number of single parent households. Over 60% of mothers and almost 40% of fathers did not work outside the home; about 28% of households were headed by a single parent.<sup>13</sup> It is likely that the number of children living in low-income, single parent households is fairly high. Despite the low socio-economic status, the children of Southwestern Newfoundland were healthy and showed strong signs of positive development and readiness for learning. Parents in Southwestern Newfoundland had very strong parenting skills and regularly engaged with their children in learning activities, factors which contributed to the community's success in achieving high levels on children's outcomes.<sup>14</sup>

It was noted, however, that the use of educational, cultural, and recreational resources was low in the community. While many children used recreational facilities and educational

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<sup>10</sup> Understanding the Early Years, Early Childhood Development in Southwestern Newfoundland, KSI Research International Inc., Applied Research Branch, Strategic Policy, Human Resources Development Canada. June 2002. 4 pp.

<sup>11</sup> Ibid p.4

<sup>12</sup> Ibid p.29

<sup>13</sup> Ibid p. 29

<sup>14</sup> Ibid p. 6

services, their participation rates were somewhat lower compared to the province and Canada. This emphasizes the value of addressing existing barriers to resource use such as time, cost, and looking at the distribution of certain resources. Since children were not using existing resources to their full potential, their importance for development could be promoted and their presence in the community advertised.<sup>15</sup>

### *Charbonneau Report on Port-au-Port Peninsula*

In 2003, the FFTNL and the SSF commissioned a study to verify the relevance of establishing a health care services network. The study included consultations with experts in the health care field and was supplemented by a detailed analysis of three Francophone communities, namely, the Avalon Region, Labrador and the Port-au-Port Peninsula.<sup>16</sup> The Charbonneau report constitutes the first comprehensive description of Francophone communities in terms of service availability and specific health care needs. The study identified the primary health care needs of the Port-au-Port Francophone community as follows:

- ▶ Place greatest emphasis on meeting the needs of youth and the elderly;
- ▶ Confirm the bilingual nature of the Cap-Saint-Georges medical clinic;
- ▶ Substitute the family resource centre (in Grand'Terre) with a multidisciplinary team, associated with the *Conseil scolaire francophone provincial* and with the medical clinic, that would put the emphasis on finding a solution to social problems and on prevention;
- ▶ Put a service accessibility program in place, in French, at the Stephenville Hospital Centre;
- ▶ List bilingual services available on the West Coast and put a coordination management system in place;
- ▶ Establish a translation service for teaching and prevention programs; and,
- ▶ Introduce an info-health telephone service.

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<sup>15</sup> Ibid p. 6

<sup>16</sup> For the Establishment of a French Health Network in Newfoundland and Labrador. A Consultation Report on the Organization of Health Care in French by Paul Charbonneau for the Fédération des francophones de Terre-Neuve et du Labrador. April 2003. 20 pp.

## *Setting the Stage Report on Port-au-Port Peninsula*

The “**Setting the Stage**” Report completed in April 2006 built upon the findings of the Charbonneau Report in terms of service availability and health care needs and also expanded upon the health status of Atlantic Francophone communities generally.<sup>17</sup>

The Report indicated:

Prenatal services are a significant issue currently, as the pediatrician and obstetrician recently left Stephenville. According to Dr. Gray, the area suffers from high rates of diabetes and childhood obesity. The incidence of mental health and addiction problems is high; many people are presenting with low-grade depression and are on anti-depressants. Occupational injuries associated with logging accidents are frequent. Continuity of care is a significant issue arising from the difficulty of recruiting and retaining health care professionals in the area. One community member indicated that she had been followed by four successive physicians during the course of her pregnancy. The Port-au-Port community relies on the primary health care network of health care professionals in Stephenville for access to other services such as physiotherapy, occupational therapy, diabetes education and diagnostic services.

The primary concern for the community is to develop a model of primary health care services that offers continuity of care. This is seen as the first basic step. In establishing such a model, consideration should be given to the Francophone component of the community being served, and awareness of the need for French-language primary health care services must be heightened within the Western Regional Integrated Health Authority.

### Recommendation #10

That all primary health care services be relocated and co-located centrally to a community health clinic located on the Port-au-Port Peninsula which would support an interdisciplinary and inter-sectoral approach to service delivery. Physicians, public health nurses and social workers could provide more comprehensive services from a centrally located clinic and maximize their scope of practice as well as the effectiveness of each practitioner. A nurse practitioner should be added to complement the primary health care services delivered. Historically, the most constant health care presence within the community has been the public health nurses. The community supports French-language training for the public health nurse who provides services to the Francophone community and the *Centre scolaire et communautaire Sainte-Anne*.

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<sup>17</sup> “**Setting the Stage**” Action Plan for Delivery of Primary Health Care Services in French, Réseau de Santé Terre-Neuve-et-Labrador, April 30, 2006

The Community and Health Provider Consultations held throughout the “**Primary Health Care in Action**” project have provided the opportunity for a more comprehensive exploration of the current primary health care needs of the Francophone community on the Port-au-Port Peninsula, the current services available to meet the community’s needs, and the feasibility of implementing the recommendations made in the “**Setting the Stage**” report to improve access to French-language Primary Health Care services.

## **PRIMARY HEALTH CARE SERVICES IN PORT-AU-PORT-STEPHENVILLE AREA**

The Francophone community living on the Port-au-Port Peninsula receives health and community services through the Western Regional Health Authority, a regional health and community services organization operating in the western region of Newfoundland and Labrador. The organization provides health and community services in communities from Bartlett’s Harbour in the north, Baie Verte Junction in the east, Burgeo and Francois in the south, and Cape Anguille in the west. The Health and Community Services Western Region website describes the many programs and services offered from over forty offices throughout the region.<sup>18</sup> The following represents an overview of the primary health care programs and service available to the Francophone community living on the Port- au-Port Peninsula.

The overview attempts to fairly represent the information obtained from one-on-one conversations and focus group consultations with WHA senior health officials, managers and front-line program staff and does not purport to be an in-depth overview of all programs and services within the Port-au- Port-Stephenville area. It focuses on the programs and services available to the Francophone community of the Port-au-Port Peninsula. (A broad comprehensive description of all programs and services will be the work to be conducted within the Regional Primary Health Care Plan).

### **Community Health**

#### *Public Health Focus*

Public health nursing provides programs to all ages; often referred to as “cradle to grave” services. There is one public health nurse working out of the Picadilly office on the Peninsula. Her geographic area of responsibility covers the Peninsula, from the isthmus to Cap-Saint-Georges. She works out of the Lourdes district clinic on Wednesday. Another public health nurse is responsible for the Kippens-Stephenville area.

Prenatal and post-natal programs are provided, including “Healthy Beginnings”, a program to identify families who require more extensive follow-up following the birth of a new baby. The child health clinic provides opportunity for follow-up and immunization for children ages

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<sup>18</sup> <http://www.hcsw.nf.ca/index2.html>



18 months to 3 years. Children are assessed again at their 3 year and 9 month pre-school health check.

The public health nurse is also responsible for the five schools on the Port-au-Port Peninsula. The nurse provides immunization, health education, vision and hearing screening, and reproductive health programming to the children attending the schools. This is a large area of responsibility for one public health nurse. There is a proposal to add an additional 0.3 FTE public health nurse position to conduct cervical screening for women in the area. Other programming includes prenatal education, such as the “Healthy Babies Club”, health promotion regarding healthy life-style choices, and immunization for meningitis.

### *Community Support Programs*

The social work program within the community support program provides support services to children and adults with developmental challenges or disabilities and to seniors. Social workers deliver community support programs, provide assessments, conduct case management and case planning. The coordinators within the program coordinate the services provided and the assessment and placement of seniors in long term care facilities. One social worker works out of the clinic in Piccadilly and is responsible for community supports services to children and adults. This social worker also makes referrals to the social worker responsible for seniors services who works out of Stephenville. Providing community support services to the seniors population is a significant challenge as the Francophone population on the Port-au-Port Peninsula is an aging population as a result of out-migration.

One home nurse is assigned to the Port-au-Port Peninsula. Home nursing is an ambulatory program where patients are required to come to Stephenville to receive services, dressing changes, medication administration, wound care, etc. Home nurses exercise clinical judgement in determining whether a person is not physically or mentally able to access the ambulatory service. In certain circumstances, where the patient’s physical or mental status prevents them from traveling to Stephenville, the nurse will make a home visit. Services are scheduled to be delivered when possible, on a Monday-through-Friday basis. On a limited basis, services may be delivered through the out-patient department of the Sir Thomas Roddick Hospital on weekends. Home nursing services include general assessment, follow-up and monitoring, client and family teaching, dressing changes and assessment for home supports and long term care.

A Special Assistance Program provides financial assistance for health supplies, orthotics or home oxygen. The “End of Life Support Program” is a four-week program available to support the primary care giver within the home to provide palliative care for a family member who wishes to remain at home during the last few weeks of their life. The home nurse provides support with pain assessment and management and works closely with the care giver to support the patient to remain at home.

A home intravenous infusion program is being piloted within the health authority and may be available on the Port-au-Port Peninsula by the Fall of 2007.

### *District Physician Clinics*

District physician clinics, located at Cap-Saint-Georges and Lourdes, are staffed by a salaried physician. On Tuesdays and Fridays Dr. Sharif attends the Cap-Saint-Georges clinic, and spends the other week days at the Lourdes clinic. Dr. Sharif does not speak French and he indicates that French is the first language of many of his patients who attend the Cap-Saint-Georges Clinic. He further indicates that while many of the younger patients are bilingual, most of the seniors speak French and require a family member to attend with them to translate. The patients generally present at the clinic with primary health care issues, follow-up visits for management of chronic disease, post hospital discharge, “coughs and colds” and flu vaccinations.<sup>19</sup>

### *Nurse Practitioner Pilot Project*

A nurse practitioner did work in the area for a short time but, as the position was supported by temporary funding, it had to be discontinued. The delivery model worked very well and was supported by the community. The project ended when the Western Regional Integrated Health Authority was no longer able to fund the nurse practitioner position, due to its deficit position and the restrictions which apply to transfers between health service funding envelopes. The nurse practitioner moved away from the area to Stephenville, and the community has continued to advocate for a replacement as they quickly came to recognize the value of this service.

Currently, health care professionals work fairly independently of one another because there is no structured interdisciplinary team, and because they practice out of different locations on and off the Peninsula.

## **Community Services**

The Community Services Division provides three programs that offer a variety of services to children and families. They include Child Welfare, Community Corrections and Family and Rehabilitative Services. Child Welfare programs include family services, protective intervention, youth services, foster care, and adoption services. Community corrections services include alternative measures program, supervision of probation orders, supervision of community residential placement, counseling to youth and families in crisis, and intensive intervention for high risk youth. Family and Rehabilitative Services include support services for people with disabilities, residential options for people who are developmentally delayed, adult protection services, subsidized child care placements, direct home services for a child with developmental delay, and behavioral services programming for children.

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<sup>19</sup> Personal communication with Dr. Sharif by telephone, March 2007.

Different services and programs are available for children at risk and their families such as the Community Action Program for Children (through the Family Resource Centres). Of these, four are located on the Port-au-Port Peninsula, at Port-au-Port East, Cap-Saint-Georges, Grand'Terre and Ship Cove. Others are located in Stephenville and another at Stephenville Crossing.

Outpatient and inpatient addiction services are available providing education and counselling services through addiction counsellors. Humberwood Centre, Corner Brook, is a provincial inpatient program designed to treat alcohol and other drug dependent persons and families.

The Mental Health Services Division provides education, assessment and intervention for people with issues related to mental health and mental illnesses. In the Stephenville area, the mental health team is comprised of a coordinator responsible for mental health promotion and mental illness prevention programming, a case manager responsible for working with patients who have persistent mental illness, two psychologists and a psychiatrist.

Rehabilitative Services are also available in Stephenville, including: developmental psychology, speech-language pathology, audiology (position currently vacant) and occupational therapy.

A wellness facilitator-educator is currently based in Corner Brook, and it is anticipated that there will be a similar position allocated to the Port-au-Port-Stephenville area.

### **Sir Thomas Roddick Hospital**

The Hospital is a 45-bed facility offering medical care, palliative care, surgical, obstetrical and gynecological services. The physician complement includes eleven general practitioners – two of whom deliver babies – two psychiatrists, one medical internist, two anaesthetists, and two surgeons (1 vacant position). Unfortunately, both of the obstetrical and gynecological physicians left Stephenville about a year ago and one of these vacancies has just recently been filled. It is expected that the second vacancy will be filled within the next few months. Emergency department and ambulatory services include physiotherapy, occupational therapy, dietitian services, palliative care and diabetes education. Diagnostic services include laboratory and radiology, although there is no radiologist currently on staff. A renal dialysis unit was opened three years ago and mammography screening is available. Recently, a proposal has been advanced seeking support and funding for the introduction of a nurse practitioner in the Out-Patient Department of the Stephenville Hospital.

Physicians currently working in emergency are fee-for-service and their private clinics are located outside the hospital. A nurse practitioner – the individual who relocated from Port-au-Port – works out of a physician's office in Stephenville. As well, the long-term care facility serving the Bay St. George area is located in Stephenville Crossing.

## Early Learning and Care

There are few preschools found in Southwestern Newfoundland. There is one Nursery School, located in Stephenville, and one Co-op Preschool in Stephenville Crossing. Two unlicensed French preschools and two French kindergartens are located on the Port-au-Port Peninsula, in Cap-Saint-Georges and Grand'Terre. There are only two day cares located in all of Southwestern Newfoundland.<sup>20</sup> There are two French schools in Southwestern Newfoundland, one in Cap-Saint-Georges and the other in Grand'Terre; the latter provides instruction from Grades 1 to 12.

The Understanding the Early Years Report in June 2002 provides a comprehensive overview of neighbourhood resources available within Southwestern Newfoundland.<sup>21</sup>

## PRIMARY HEALTH CARE FRAMEWORK IN NEWFOUNDLAND AND LABRADOR

### Primary Health Care

The World Health Organization (WHO) developed the following definition for “primary health care” at Alma Ata in 1978:<sup>22</sup>

“Essential health care (promotive, preventative, curative, rehabilitative, and supportive) based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at every stage of their development in the spirit of self-determination. It forms an integral part both of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.”

Primary Health Care has been defined by the Department of Health and Community Services in *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador* (Strategic Health Plan) as:

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<sup>20</sup> Understanding the Early Years, Early Childhood Development in Southwestern Newfoundland, KSI Research International Inc., Applied Research Branch, Strategic Policy, Human Resources Development Canada. June 2002. p. 40.

<sup>21</sup> Ibid p. 52.

<sup>22</sup> Primary Health Care. Taken from “Health for All”. Series No.1. World Health Organization. 1978.

“...the first point of contact people have with the health and community services system. It includes a range of services designed to keep people well, including promotion of health, screening for disease, diagnosis, treatment, rehabilitation, and social programs and services.”<sup>23</sup>

Newfoundland and Labrador signaled its adoption of the WHO definition of primary health care in a framework document for primary health care renewal entitled, *Moving Forward Together: Mobilizing Primary Health Care*. It supports the “**population health**” approach to care, which is the improvement of health of the entire population and the decrease of health inequities among population groups.<sup>24</sup>

## Features of the Newfoundland and Labrador Primary Health Care System

The features are described as: primary health care teams, physician networks, primary health care networks, health promotion and wellness, community input and capacity building, scope of practice, emergency transportation, information and communications technology, and funding and payment models. It is instructive to elaborate on a number of these features as described in *Moving Forward Together: Mobilizing Primary Health Care*.

### *Primary Health Care (PHC) Teams*

Primary health care teams that provide interdisciplinary services will be developed. Members of the PHC team will include general and family practitioners, nurses (including nurse practitioners, public and community health nurses) and other health care practitioners (including paramedics, dentists, pharmacists, physiotherapists, occupational therapists, social workers and administrative personnel). Collaboratively, the team will promote health and wellness and provide comprehensive primary health care services. Teams may practice from a common site or from multiple sites through a co-ordinating or supportive structure. These teams are envisioned as the primary point of access to all primary level health and community services as well as linkages to community health, secondary and tertiary services.<sup>25</sup>

### *Physician Networks*

Continuity of care, including medical care, is seen as the cornerstone of primary health care. Primary care physicians are considered to be integral to the primary health care teams. The primary care physician network may be a defined group of primary care physicians or a collection of individual physicians who are supported to develop skills that

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<sup>23</sup> Healthier Together - A Strategic Health Plan for Newfoundland and Labrador. Newfoundland and Labrador Department of Health and Community Services. 2003. p. 18.

<sup>24</sup> Mobilizing Forward Together: Mobilizing Primary Health Care. A Framework For Primary Health Care Renewal in Newfoundland and Labrador. September 2003. p. 3.

<sup>25</sup> Ibid p. 9

enable them to deliver services to their defined population that previously may have been referred to specialists.<sup>26</sup>

### *Primary Health Care Networks (PHC Networks)*

The primary health care network consists of a group of service providers whose expertise is needed by the primary health care team on a consulting basis to provide comprehensive care. The mix of service providers in primary health care networks will vary depending on the needs of the defined population, the skill set of primary health care teams, and the interest of private providers. It is expected that clients will normally access the individual services provided by primary health care networks through referral from primary health care teams.<sup>27</sup>

### *Scope of Practice*

The primary health care team and network will provide a wide professional skill mix, supporting an appropriate distribution of work and enabling health professionals to work to their maximum scope of practice.

### *Community Input and Capacity Building*

Each primary health care team establishes, with community input, a Primary Health Care Advisory Committee to facilitate community and intersectoral involvement, support identification of community needs, and the planning, implementation and evaluation of services. This enables the unique characteristics of the population, political structures and geography to inform service development and delivery.<sup>28</sup>

### *Health Promotion and Wellness*

A focus on health promotion, illness prevention, and wellness, based on needs assessment that includes the determinants of health will be incorporated at all levels of primary health care practice. Primary health care focuses on community strengths, opportunities for change, and maximizing the involvement of the community. Primary health care teams working with community advocates will build strategic relationships with community representatives, and establish linkages with other sectors such as schools, non-governmental organizations, community groups and local governments.

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<sup>26</sup> Ibid p. 9

<sup>27</sup> Ibid p. 10

<sup>28</sup> Ibid p. 12

## *Information and Technology*

Information and communications technology are critical in supporting primary health care renewal in Newfoundland and Labrador because of its vast geography. Investments in telehealth and telemedicine will provide better access to health provider diagnosis and treatment to clients/patients within their own regions and communities. Toll-free telecare services support 24-hour-a-day access to health advice and information. Electronic patient records facilitate the sharing of patient records between primary health care sites and secondary or tertiary care facilities.

An incremental approach to implementation of the primary health care model has been adopted in order to build upon the existing strengths and capacities of the current Health and Community Services system. A number of primary care projects are currently implementing primary health care renewal changes, based upon the provincial primary health care framework in Labrador East, Grenfell, Connaigre, Twillingate/New World Island, Bonavista, Placentia and St. John's, Deer Lake/White Bay, Port-aux-Basques and Bonne Bay. Project areas completed a comprehensive needs and services assessment (including all public and private services).

The primary health care framework is being implemented in the Western Health Authority through primary health care enhancement projects in Deer Lake/White Bay, Port-aux-Basques, and Bonne Bay. The Western Health Authority has refined the features of the provincial primary health care framework into what the WHA describes as the four pillars of Primary Health Care: Teams and Team Development, Healthy Living, Information Management, and Access. Primary health care activities are being implemented under these four pillars in Deer Lake/White Bay, Port-aux-Basques and Bonne Bay. The Western Health Authority has indicated that there may be an opportunity to proceed with primary health care enhancement in the Port-au-Port-Stephenville area and believes that the Francophone community and health provider consultations will provide valuable information to support the needs assessment of the area.

## **REPORT ON HEALTH PROVIDER AND COMMUNITY CONSULTATIONS**

On February 26<sup>th</sup> and 27<sup>th</sup>, 2007, community and health provider consultations were held in the Port-au-Port - Stephenville area. A copy of the consultation document and the facilitation questions guide to the discussions is attached at Appendix "B".

The purpose of the community and health provider consultations was to:

- ▶ Introduce the Provincial Primary Health Care Framework for Newfoundland and Labrador;
- ▶ Engage the Francophone community and health providers in a discussion on ways to improve access to primary health care services in the Port-au-Port-Stephenville area;

- ▶ Discuss opportunities to develop primary health care teams and networks in the Port- au-Port-Stephenville area;
- ▶ Discuss ways to improve the health and wellness of the community through partnerships with the community, the health system, and other sectors; and,
- ▶ Obtain information that will inform the Regional Primary Health Care Plan for the Western Health Authority regarding the needs of the Francophone community in the Port-au-Port Peninsula.

### **Overview of Community Consultations and Health Provider Consultations**

A number of people representing the Francophone community of the Port-au-Port Peninsula attended the community consultations on February 26th; a detailed list of attendees is at Appendix “C”. A broad range of health providers who provide service in the Port-au-Port-Stephenville area attended the consultations on February 27th; a detailed list of attendees is at Appendix “D”. Both consultation sessions began with an overview of the principles of the Primary Health Care Framework in Newfoundland and Labrador and the enhancement projects which have been implemented within the WHA. These were presented by Heather Taylor, Regional Director of Primary Health Care and Health Promotion. HRA consultants conducted a facilitated discussion on primary health care services delivery and access for the Francophone community in Port-au-Port.

### **Themes Linked to Identified Strengths and Challenges**

The top primary health care challenges are:

- ▶ Limited continuity of care;
- ▶ Aging population because of out-migration;
- ▶ Difficulty recruiting and retaining primary health care providers;
- ▶ Limited support for care givers in the community resulting in caregiver burn-out;
- ▶ Limited access to primary health care services resulting from geographical isolation and language barriers;
- ▶ Limited access to follow-up care services;
- ▶ Limited access to health promotion, disease prevention and management, early learning services;
- ▶ Low socio-economic status;
- ▶ Low education and numeracy and literacy levels; and,
- ▶ High incidence of type 2 diabetes.



## **Limited Continuity of Care**

The most important primary health care issue identified by both the community and health care providers was the need to develop a model of primary health care services that offered continuity of care to the Francophone community. Continuity of care is a significant issue arising from the difficulty of recruiting and retaining health care professionals in the area. Physician turnover within the District Physician clinics is high as immigrant medical graduates locate on the Peninsula for a short time while they obtain and complete requirements to meet Canadian credentials. Once they obtain these requirements they relocate to larger, less isolated communities to work.

Gaps in services exist along the health care continuum as Port-au-Port Peninsula residents move from the acute care system back to the community, or access home care and long term care services. The current services are not seamless and, because of the shift in demographics to a more senior population, the demand for services closer to home is growing in the community.

The public health and home care nurses are viewed by community members as the health providers who best provide continuity of services. They remain in the community long enough to form a client-patient relationship and become familiar with the families living within the community. A nurse practitioner did work in the area for a short time but, as the position was supported by temporary funding, it had to be discontinued. The community viewed this model of health care delivery very favourably and felt it improved the continuity of care and service accessibility within the community while it existed.

## **Aging Population Because of Out-Migration**

Community representatives and health care providers raised the issue of the increasing seniors population living in the Port-au-Port Peninsula. They attributed this to the out-migration of younger people who left the area for education and employment.

The Long Range Regional Economic Development Board, Seniors Human Resource Research Study Report prepared in 2005 indicated that for most seniors living in communities in Zone 9:

- ▶ There is a lack of accessible and available transportation for seniors;
- ▶ There is a lack of affordable, accessible and available support service in most communities;
- ▶ Current medical services are not meeting their needs;
- ▶ There is a lack of family and community support networks for seniors and caregivers;
- ▶ Many seniors do not access home care services which would increase independence because of a lack of financial resources; and,

- ▶ Support services such as snow clearing, housekeeping and personal care most needed to help seniors stay at home and in their own communities for longer periods of time, are not always available, accessible or affordable.<sup>29</sup>

Community members and health care providers reiterated similar issues for seniors living on the Port-au-Port Peninsula. Challenges in integrating social services financial support programs with old age security programs served as barriers for some seniors in accessing programs to support them to remain in their homes or with family members. Dietitian, physiotherapist and occupational therapy services are not available for seniors within their community. They must travel to Stephenville to access services.

Language barriers provide a significant challenge for seniors requiring a community-care supportive living or long term care environment. There are no French-speaking personal care homes or long term care facilities available for Francophone seniors. The geographical and cultural isolation experienced by Francophone seniors who must leave the Port-au-Port area is very difficult.

Limited support for care givers in the community resulting in caregiver burn-out was also identified as a challenge. A February 2006 Report entitled *Strengthening Caregiver Support* identifies caregiver-related policy recommendations developed from a Provincial Roundtable on Caregiving:

1. **Awareness, recognition and information**, including the development of community awareness around the caregiving role and ways to support caregivers; education of key players in those communities; and information to be disseminated at numerous points of access so that caregivers are aware of the resources available to them and feel supported in accessing these resources, without having to ask about them specifically.
2. **Respite options** so that the definition of respite is understood, not as a specific kind of service, but as that which brings the caregiver peace of mind and renewed energy. The resources available to provide caregivers respite should be based on caregiver voice, ensuring caregivers ideas are respected, and caregiver choice, so that several options are available and there is flexibility in the system to accommodate what might be needed over time. Ultimately, this kind of approach could be more cost-effective and result in a better quality of life for caregivers and, consequently, healthier communities.
3. **Increased Financial Support and Funding** to reduce the number of situations where meeting basic financial needs adds to the many other potential stressors associated with caregiving. Ultimately, we must

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<sup>29</sup> A report by the Long Range Regional Economic Development Board, Seniors Human Resource Research Study Report prepared by Margie Lewis dated June 10, 2005

seek to prevent caregivers from having to choose between financial security and their caregiver role. Suggested benefits include caregiver payments and allowances, and increased tax breaks and pension credits. Caregivers' needs should take precedence over financial testing for basic resources and financial assessments should be sensitive to a greater range of needs as defined by the individual caregiver involved. Caregivers also need increased resources for medications, equipment and day-today expenses. Finally, resources should be allocated to support initiatives that promote community awareness and increased caregiver respite options.<sup>30</sup>

### **Difficulty Recruiting and Retaining Primary Health Care Providers**

Recruiting and retaining primary health care providers is a significant issue for residents of the Port-au-Port Peninsula, officials of the WHA, and health providers currently providing services in the area. The Port-au-Port Peninsula is rural and remote. Consequently, the experience within the area is that health professionals leave when they find the opportunity. High staff turn over is described at all levels. Availability of home support workers is diminishing as home support workers tend to be women over 40 years of age. As a result, it is becoming more difficult to recruit home care support workers creating a larger gap in services seniors.

Current health providers indicate that there are no incentives for staff to stay and work on the Port-au-Port Peninsula. Those health-providers not living on the Peninsula feel at a disadvantage when they must take time off work to attend their children's school events or personal appointments because of the geographical distance. According to health care providers, personnel policies do not provide adequate incentives or support for health providers working in more rural or remote areas.

### **Limited Access to Primary Health Care Services Resulting from Geographical Isolation**

The geographical location of the Port-au-Port Peninsula is a significant factor in the community's ability to maintain current service levels. Transportation to Stephenville to access services is a hardship for many, particularly seniors and social services recipients who live on fixed incomes and make up a significant number of residents living on the Port-au-Port Peninsula. Follow-up care close to home on the Peninsula is limited, home care services is an ambulatory service, and there is a shortage of home care nurses for those patients who are non-ambulatory and must be visited at home. The current home care nurse advises that an additional nurse is required to meet the need.

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<sup>30</sup> *Strengthening Caregiver Support*, Erin Holland, Project Coordinator of Caregivers "Out of Isolation", February 2006. The Caregivers "Out of Isolation" Project is based at the Seniors Resource Centre of Newfoundland and Labrador.

Health care providers and community members state that there is a high number of people living with cancer. Palliative care services are primarily accessed in Stephenville unless a person is receiving support from the “End of Life Support Program”. There is a high incidence of diabetes in Port-au-Port as there is in the province; the diabetes education program is located in Stephenville. Mental health support and addictions services must also be accessed in Stephenville.

There is limited access to health promotion, disease prevention and management, and early learning services. Long waits are experienced for diagnostic services such as radiology and laboratory services in Stephenville. There is currently no access to a dietitian or a physiotherapist in Port-au-Port and there is a 0.2 full-time equivalent occupational therapist position for the Bay St. George area.

Community members indicate that for new residents in the Port-au-Port-Stephenville area, family physicians are not taking on new patients and new residents are going to Corner Brook for services. There is a concern that difficulty in maintaining services to the area results in a loss of people from the community. Residents also acknowledged that there may be services available that they do not know about or are unsure how to access.

The telehealth 1-800 nursing line is considered to be working well and supports access to services but statistics are not available to determine the level of access by residents of the Port-au-Port Peninsula.

### **Limited Access to Primary Health Care Services Resulting from the Language Barrier**

In addition to the geographical isolation the Francophone community experiences, there is the additional challenge of over-coming the communication barrier created by receiving primary care services exclusively in English. The community indicates that the geographical isolation is easier to overcome than the cultural isolation. According to information provided by local and regional officials, there are no bilingual health care professionals offering services to the Port-au-Port Peninsula. Often, the first language of the physician providing services is neither French or English. No permanent French-language services are offered in Sir Thomas Roddick Hospital although all signage is bilingual. Of the approximately 200 hospital staff, two are said to be bilingual. French-language services are limited to interpretation provided by community volunteers on an as-required basis, but the service is not advertised and there is said to be little request for it.

Community members explain that the low number of requests for service in French may arise from the fact that community members lack assertiveness when seeking care or know in advance that it is not available. They may see the physician or the health professional as an authority figure and will not question their authority in their attempt to be polite or to not offend. Many French-speaking residents have come to accept that there is no access to health services in their first language and will try to “get by” with the assistance of a family member or not access the service until absolutely necessary. The unavailability of French-language health services significantly affects the Francophone children ages 0 to 6 and the Francophone seniors of the Port-au-Port Peninsula.

Low income, education, literacy and numeracy levels, further compounded by the language barrier, adversely affect the health status of the Francophone residents and their access to primary health services.

## **Relationships and Partnerships**

Public participation, through meaningful individual and community involvement in identifying the health needs and strengths of their community and decisions about their health, is an important component of the primary health care framework. Intersectoral cooperation is another key component, where other sectors of society working together influence the health of communities and individuals; and education and justice systems. A number of relationships and partnerships already established within the Port-au-Port Peninsula can be built upon and strengthened to improve access to French-language primary health care services.

There is currently a District Advisory Council in place which is comprised of community and health system representatives. It was established in 1998 and essentially acted in an intermediary role between the former Western Health Corporation and the Regional Community Health Authority. The District Advisory Committee was instrumental in achieving bilingual signage, mammography and renal dialysis services at Sir Thomas Roddick Hospital.

The Community Education Network of Southwestern Newfoundland works in partnership with associate organizations such as the Community Action Committee for Southwestern Newfoundland, Inc.; Communities In Schools (CIS) Newfoundland & Labrador, Inc.; and Community Youth Network (CYN) for Southwestern Newfoundland, Inc. Through partnership and collaboration, this Network provides programming under the following Strategic Directions:

- ▶ Prevention and Early Intervention;
- ▶ Youth Initiatives;
- ▶ Career Employment and Development;
- ▶ Participatory Communications;
- ▶ Community Literacy; and,
- ▶ Community Leadership.

Family Resource Centres are located at the St. Thomas Aquinas School in Port-au-Port East, in Grand'Terre at *Centre scolaire et communautaire Saint-Anne*, and in Cap-Saint-Georges at Our Lady of the Cape School.

Municipal collaboration exists for garbage collection, fire services and municipal water supply on the Port-au-Port Peninsula. Although the boundaries of the three incorporated municipalities of Lourdes, Cap-Saint-Georges and Port-au-Port West do not cover the whole Peninsula, the eleven local service areas do.

There is a school-community centre complex, *Centre scolaire communautaire Sainte-Anne*, in Grand'Terre and three active local Francophone organizations operating under the leadership of *Association régionale de la Côte-Ouest (ARCO)*.

The *Understanding the Early Years* report in June 2002, an initiative that provided communities with information to enable them to make informed decisions about the best policies and most appropriate programs for families with young children, stated:

Several features stand out as unique to Southwestern Newfoundland. First, in most respects this community could be characterized as disadvantaged in socio-economic terms, but rich in family and community resources. Second, its parenting capabilities are exemplary. Third, it can take action to increase use of community and social resources.<sup>31</sup>

## **FACTORS SUPPORTING ENHANCEMENT OF PRIMARY HEALTH CARE SERVICES INITIATIVE**

There seems to be an openness within the Francophone community of Port-au-Port to consider a different health care delivery model; one not so dependent on the continuous presence of a physician. The recent positive experience with the nurse practitioner has laid the groundwork for the community to understand the value and potential of alternative approaches to the delivery of primary health care services through a primary health care team and network.

A number of factors position the Port-au-Port-Stephenville area as a community that is ready for a primary health care enhancement initiative:

- ▶ Support from the Western Health Authority, local health care professionals and administration of Sir Thomas Roddick Hospital;
- ▶ Strength of the three local Francophone organizations and *Association régionale de la Côte-Ouest (ARCO)*;
- ▶ Availability of staff resources in the local Francophone organizations;
- ▶ New Member of the House of Assembly – Tony Cornect – who is a Francophone from the community of Cap-Saint-Georges, and has a community development background;
- ▶ Municipalities and local service districts are working successfully on regional collaborative initiatives such as garbage collection, fire

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<sup>31</sup> Understanding the Early Years, Early Childhood Development in Southwestern Newfoundland, KSI Research International Inc., Applied Research Branch, Strategic Policy, Human Resources Development Canada. June 2002. p. 49

services and municipal water supply and, with proper leadership and support, may be willing to collaborate on a primary health care initiative;

- ▶ There is a positive feeling in the community about economic development around the tourism and oil and gas sectors;
- ▶ The *Réseau de développement économique et d'employabilité (RDÉE)* has hosted community consultations, and improved access to health care was identified as a priority;
- ▶ The *Centre scolaire communautaire Sainte-Anne* has the potential to become a primary delivery point for primary health care programming to the Francophone community;
- ▶ The *Conseil scolaire francophone provincial* should be able to assist with the introduction of French Programming on primary health care themes for school-aged children;
- ▶ Federal organizations such as Health Canada, the Public Health Agency of Canada and Canadian Heritage may be prepared to assist in funding community capacity building and / or specific primary health care program initiatives;
- ▶ Potential availability of additional funding from *Société santé en français* for the next phase of *Primary Health Care in Action*; and,
- ▶ The *Reséau des services de santé en français de Terre-Neuve-et-Labrador (Réseau)* support for Port-au-Port-Stephenville French-language services primary health care services enhancement initiative.

## **RECOMMENDATIONS AND KEY AREAS FOR ACTION**

Taking into consideration the profile of the Francophone Community on the Port-au-Port Peninsula, the health and community services currently available to the residents, the unique aspects of offering and receiving health services in rural Newfoundland, and the strengths that currently exist within the community and the WHA which favour enhanced primary health care services, HRA consultants offer the following recommendations:

### **Recommendation #1:**

**Establish a community advisory committee to strengthen relationships and partnerships between the Francophone community on the Port-au-Port Peninsula, the Port-au-Port municipalities, the Western Health Authority, and other sectors such as education and justice.**

## Rationale

- ▶ The District Advisory Committee has been a successful vehicle to support collaborative decision-making among community, municipal, and regional health authority partners with respect to matters of health care within Southwestern Newfoundland. Building upon this model for community engagement, an appropriate configuration of the advisory committee could be mobilized to focus on the enhancement of primary health care services to the Port-au-Port Peninsula, ensuring that continuity of care and the unique linguist needs of this community are identified as priorities for service delivery;
- ▶ Local staff resources exist in the community, including three local Francophone organizations, ARCO, and the Francophone Seniors project. Staffing from these local resources could be used to support further consultations and raise the level of awareness and understanding of the primary health care model within the Port-au-Port community. The organizations may need to consider shifting their respective priorities to improving primary health care services for the communities they serve;
- ▶ Once established, the Community Advisory Committee should approach municipalities and local service districts who are working successfully on regional collaborative initiatives such as garbage collection, fire services and municipal water supply to begin discussions on primary health care enhancement initiatives through collaborative approaches on the Peninsula;
- ▶ Consideration must be given to improved utilization of existing community resources such as the *Centre scolaire communautaire Sainte-Anne* and the *Conseil scolaire francophone provincial* in delivering primary health care programming to the Francophone community; and,
- ▶ Commitment to a co-ordinated approach involving community members, health care providers, educators and community organizations must be obtained because each partner is important in improving the health status of individuals within the community, specifically; and that of the community, generally. The community's response to primary health care enhancement must consider the unique features, social and economic resources of the area. Government institutions, schools, all community members and the voluntary sector must commit to working together, as each has an important contribution. A co-ordinated approach from the larger community network is critical in building capacity on the Port-au-Port Peninsula.



## Recommendation #2:

### Improve communication to the Francophone community regarding the Primary Health Care Model and primary health care services available.

#### Rationale

- ▶ There is a need – and an opportunity – to inform people in the community about:
  - ▶ The primary health care model and how it can contribute to improving population health;
  - ▶ The population health approach; community initiatives vs. individual approaches; and,
  - ▶ The range of primary health care services available to the Francophone community and where these can be accessed;
- ▶ Establish a joint WHA - Francophone community mechanism, led by the Regional Director of Primary Health Care and Health Promotion, to deliver community information sessions describing the primary health care framework and available primary health care services on the Port-au-Port Peninsula, including those services offered in French;
- ▶ Use French radio and print media to communicate primary health care services available to the Francophone Community (Radio-Canada, *Le Gaboteur*);
- ▶ Use existing community partnerships and resources such as the Community Education Network, Family Resource Centres, the *Centre scolaire communautaire Sainte-Anne*, the *Conseil scolaire francophone provincial*, the three local Francophone Associations and ARCO, to build understanding of primary health care principles, acceptance and support within the community;
- ▶ The local Francophone community, ARCO and the *Réseau* must engage the WHA in further discussions on the importance of including the delivery of French-language services in their strategic and operational plans, as there is no longer any doubt about the importance of the linguistic dimension of primary health care. Existing international and national research provides strong evidence that communication and comprehension difficulties affect the quality of health care services and the health status of linguistic minority communities. The ways and means to improve French-language health services must be implemented in the short, medium and long

term. The “**Setting The Stage**” report of the *Reséau des services de santé en français de Terre-Neuve et Labrador* provides the framework for such action.<sup>32</sup>

### **Recommendation #3:**

#### **Implement a project based on the Primary Health Care Model on the Port-au-Port Peninsula that improves continuity of care for the Francophone community**

##### **Rationale**

- ▶ A demonstration project implementing the provincial primary health care framework on the Port-au-Port Peninsula, consisting of a core team of primary health care providers practicing from a primary health care perspective using a collaborative approach seems ready for development. Community leaders and certain members of the current health system would need to be convinced that shifting from a historically accepted medical model to a primary health care collaborative practice model constitutes an opportunity to improve the delivery of health care to the people of the Port-au-Port Peninsula;
- ▶ Consideration must be given and opportunities sought to establish a primary health care team at a central location on the Port-au-Port Peninsula where an inter-disciplinary team could be co-located, or alternatively, from which a visiting inter-disciplinary team could offer services. The core primary health care team would comprise a nurse practitioner, public health nurses, home care nurses, social workers, a dietitian, and a physician. The broader primary health care network would include other health care providers including physiotherapists, occupational therapists, mental health and addictions, secondary medical service providers, members of the community, youth corrections, child protection, and members of other sectors such as education;
- ▶ The existing physician payment model needs to be revisited as it is not supportive of the primary health care model; there needs to be an opportunity to reallocate funds to other primary care envelopes to support appropriate service delivery;
- ▶ Improved understanding of the roles of primary health care providers is needed. Further, there is a need to help the community understand the importance of their role in collaborating with primary health care partners to build community capacity and self-reliance. The

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<sup>32</sup> **Setting the Stage**, Action Plan for Delivery of Primary Health Care Services, a Report of the *Reséau des services de santé en français de Terre-Neuve et Labrador*. April 30, 2006

community must come to the understanding and belief that health providers cannot be, and should not be, all things to the community;

- ▶ Conditions for success must be put in place to ensure the acceptance of a new model for health service delivery. It is important for members of the community to better understand what each member of the health care team does, what services are available and which ones are not. It is equally as important that members of the primary health care team understand the roles of the different providers on the team and receive support to collaborate effectively in a primary health care environment. Work must be done to build the team relationship among the health providers; how to shift to a collaborative model where the contribution of all members of the team is equally valued;
- ▶ Establishing a primary health care team and network develops the opportunity to bring services to the community to support people where they live. Flexibility in programming must be considered to provide services after hours – currently there is little to no access to primary health care services after 4:00 pm and on weekends. As it now stands, Port-au-Port Peninsula residents must access the Stephenville emergency department, which does not support the primary health care principle of access: the right health provider, at right time, in the right place; rather it places an additional strain on an over-burdened acute care system;
- ▶ The WHA should deliver the education and orientation curricula developed through the *Building a Better Tomorrow* (BBT), an Atlantic Primary Health Care Initiative which developed modules for use in communities, to health care providers in the Port-au-Port-Stephenville area. These modules, available in English and French, include the following continuing education modules which support health care providers currently engaged in primary health care activities to develop competencies for interdisciplinary collaborative practice:
  - ▶ Facilitating Adult Learning;
  - ▶ Conflict Resolution;
  - ▶ Building Community Relationships;
  - ▶ Team Building;
  - ▶ Understanding Primary Health Care;
  - ▶ Collaborating in Practice; and,
  - ▶ Getting Started in Program Planning and Evaluation.

A number of these modules would be suitable for community awareness sessions delivered to community members and representatives of the proposed Community Advisory Committee. It is important that this work is positioned as a Port-au-Port Peninsula initiative and transcends language boundaries.

## Recommendation #4:

### Create incentives for health care providers to locate and stay on the Port-au-Port Peninsula.

#### Rationale

- ▶ The availability of a sufficient number of health professionals in rural and remote communities will continue to be a key population health issue in coming years as a result of demographic trends, irrespective of health professionals' language skills. Targeted resources may be drawn from three pools, namely, students graduating from Anglophone or Francophone universities, Francophone professionals practising in Anglophone settings, and immigrant health professionals;
- ▶ Various approaches to promoting the recruitment of health professionals include:
  - ▶ Making students aware of health career options, and providing scholarships to encourage individuals from the Francophone community on the Port-au-Port Peninsula (who may return to practice in their communities) to pursue studies in health care; and,
  - ▶ Providing opportunities for clinical placement in the Port-au-Port- Stephenville area (preferably in combination with guaranteed employment), in order to support students returning home;
- ▶ Cancelling student debt or award scholarships tied to settling in the community;
- ▶ Given the challenges of recruiting and retaining health care providers to the Port-au-Port Peninsula, the community needs to consider opportunities to “grow their own” health care providers. It is well documented that health care providers who are financially supported during their education by their home communities, and remain connected to their home communities during their education, are more likely to return to practice within their home communities;
- ▶ The WHA, the *Réseau* and ARCO need to work collaboratively in pursuing opportunities for partnership with Anglophone and Francophone post-secondary institutions and health professional associations to identify potential candidates for job opportunities within the Port-au-Port-Stephenville area;

- ▶ Opportunities to support the existing health care professionals need to be pursued such as:
  - ▶ Flexible personnel and employment policies that recognize the additional challenges that come with working in remote and rural areas;
  - ▶ Providing opportunities for professional development to health professionals so that they may acquire skills related to inter-cultural awareness and adapt these to meet certain community needs; and,
  - ▶ Providing French medical terminology training to Francophone health professionals who studied in English to increase their confidence level and desire to practice in French.

## CONCLUSION

It is important when considering improvements to health service delivery that qualitative and quantitative information is used to inform the direction taken. This report attempts to provide some qualitative and quantitative information to the Francophone community of the Port-au-Port Peninsula and the Western Health Authority upon which, together, they can build a detailed action plan to enhance primary health care services. The identified key action areas and proposed recommendations are based upon the consultant's understanding of:

- ▶ The profile of the Francophone community;
- ▶ The current health and community services available;
- ▶ The community's perspective of primary health care issues on the Port-au-Port Peninsula;
- ▶ The health providers' perspective of primary health care issues on the Port-au-Port Peninsula; and,
- ▶ Applying the provincial primary health care framework to the Francophone community, health care providers, and the service delivery model in the Port-au-Port-Stephenville area.

A key factor for success is that relationships established between the Western Health Authority and the Francophone community through this consultation process must continue and strengthen, particularly between the Population Health Branch of Health and Community Services Western and the local francophone organizations. Currently, the Regional Director of Primary Health Care and Health Promotion is a member of the *Réseau des services de santé en français de Terre-Neuve et Labrador*. The ongoing participation

of the Francophone community in primary health care delivery through identification of health needs and priorities is critical in making sustainable improvements to access to primary health care services. The key action areas and recommendations in this report support two strategic outcomes: strengthening and building community involvement, and obtaining commitment from the Western Health Authority. It is through strong partnerships and ongoing commitment that improved access to primary health care services will be achieved for the Francophone community specifically and, more generally, the entire Port-au-Port Peninsula.

## Appendix A

### List of Teleconferences and Meetings with Key Informants

Persons Contacted	Organization	Date	Nature of Contact
<b><i>Teleconference:</i></b>			
<b>Michele House</b>	Vice-President of Population Health Western Health Authority (WHA)	January 4/07	Preliminary Discussions Re: Community and Health Provider Consultations regarding French-language Primary Health Care Services
<b>Susan Gillam</b>	CEO - WHA	January 4/07	
<b>Karen Alexander</b>	Director/Site Facilitator of Secondary Services - Sir Thomas Roddick Hospital Stephenville, WHA	January 4 /07	
<b>Heather Taylor</b>	Regional Director of Primary Health Care and Health Promotion WHA	January 4 /07	
<b><i>Written Correspondence:</i></b>			
<b>Michele House</b>	Vice-President of Population Health	January 19 /07	Written confirmation of WHA Support of Consultation process

Persons Contacted	Organization	Date	Nature of Contact
<b><i>In Person Meeting at Western Memorial Hospital - Corner Brook, Nfld:</i></b>			
<b>Michele House</b>	Vice-President of Population Health WHA	January 14/07	Planning meeting for Community Consultations and Health Provider Consultations
<b>Karen Alexander</b>	Director/ Site Coordinator of Secondary Services Sir Thomas Roddick Hospital Stephenville - WHA	January 14/07	
<b>Sheila Millar</b>	Official responsible for Primary Health Care - Department of Health and Community Services	January 14/07	
<b><i>Community Meeting at Centre Scolaire et Communautaire Grand' Terre, Nfld</i></b>			
<b>Robert Cormier and various representatives of local Francophone organizations in Port-au-Port, Nfld</b>	Local Francophone Organizations  Association régionale de la Côte-Ouest	January 16 /07	Planning meeting with Community representatives for upcoming Community consultations
<b><i>Health Care Managers meeting at Sir Thomas Roddick Hospital, Stephenville, Nfld</i></b>			
<ul style="list-style-type: none"> <li>• <b>Managers of Community Health</b> <ul style="list-style-type: none"> <li>▶ <b>Public Health</b></li> <li>▶ <b>Continuing Care</b></li> <li>▶ <b>Community Support</b></li> </ul> </li> <li>• <b>Managers of Secondary Services</b> <ul style="list-style-type: none"> <li>▶ <b>Inpatient</b></li> <li>▶ <b>Outpatient</b></li> </ul> </li> <li>• <b>Karen Alexander - Site Facilitator</b></li> <li>• <b>Manager of Mental Health Addictions</b></li> </ul>	WHA	January 16 /07	Planning Meeting with Health Care Managers for Health Provider Consultations



Persons Contacted	Organization	Date	Nature of Contact
<b>Teleconference:</b>			
<b>Heather Taylor</b>	Regional Director of Primary Health Care and Health Promotion - WHA	February 15 /07	Planning Meeting Organizing logistics for Health Provider Consultations Scheduled on February 27 <sup>th</sup>
<b>Karen Alexander</b>	Director/Site Coordinator of Secondary Services Sir Thomas Roddick Hospital Stephenville - WHA	February 15 /07	
<b>Teleconference:</b>			
<b>Heather Taylor</b>	Regional Director of Primary Health Care and Health Promotion - WHA	February 19 /07	Planning Meeting organizing logistics for Community Consultations Scheduled on February 26 <sup>th</sup>
<b>Robert Cormier</b>	Francophone Community Representative Port-au-Port, Nfld  Association régionale de la Côte-Ouest	February 19 /07	
<b>Francophone Community Consultations Port-au-Port, Nfld</b>	See Appendix "C"	February 26 /07	Consultations Re: Access to French-language Services in Primary Health Care
<b>Health Provider Consultations Public Library Stephenville, Nfld</b>	See Appendix "D"	February 27 /07	Consultations Re: Access to French-language Services in Primary Health Care Port-au-Port, Peninsula
<b>Telephone Contact:</b>			
<b>Dr. Sharif District Physician Clinic Lourdes, Port-au-Port, Peninsula</b>	Physician WHA	March 21 /07	Discussion Re: Access to Primary Health Services in Port-au-Port

## APPENDIX "B"

### DELIVERY OF PRIMARY HEALTH CARE SERVICES TO FRANCOPHONE COMMUNITIES IN NEWFOUNDLAND AND LABRADOR

#### COMMUNITY CONSULTATIONS PORT AU PORT PENINSULA FEBRUARY 26, 2007

#### BACKGROUND

In January 2006 the *Reséau de Santé Terre-Neuve-et-Labrador (the Reséau)* participated in a project, "**Setting the Stage**", to support French-language primary health care services planning in all regions of Newfoundland and Labrador where improved access to these services is needed for the Francophone community. The *Reséau* is part of a national effort by the *Société Santé en français* and sixteen similar networks to collect, analyze and bring forward recommended actions. The *Reséau* developed a report that included an Action Plan for Delivery of Primary Health Care Services in French to serve the Francophone population in five selected communities. The report focuses on services which could be provided through primary health care teams as well as other components of the primary health care delivery system. The teams would act as an access point for French-speaking clients to the broader health care system.

The "**Setting the Stage**" report provided a number of recommendations to improve access to primary health care services for the Francophone communities, including:

- That efforts to improve French-language service delivery should be founded on established primary health care principles in Newfoundland and Labrador for improving population health status and individual health care outcomes;
- That Regional Health Authorities strategic and operational plans include the provision of French-language primary health care services as a mandatory requirement in the five selected communities;
- That primary health care services be co-located centrally on the Port au Port Peninsula which would support an interdisciplinary and inter-sectoral approach to service delivery;
- That a nurse practitioner be added to complement the primary health care services delivered.

In follow-up to the "**Setting the Stage**" report and to further advance primary health care services planning and access in the Port au Port Peninsula, the *Reséau* engaged the support of the consultant firm, HRA, to conduct community and health provider consultations in the Port au Port - Stephenville area. The Western Health Authority is working in partnership with the *Reséau* and HRA in conducting the consultations.

## PURPOSE

The purpose of the community and health provider consultations is to:

- introduce the Provincial Primary Health Care Framework for Newfoundland and Labrador;
- engage the Francophone community and health providers in a discussion on ways to improve access to primary health care services in the Port au Port - Stephenville area;
- discuss opportunities to develop primary health care teams and networks in the Port au Port - Stephenville area;
- discuss ways to improve the health and wellness of the community through partnerships with the community, the health system, and other sectors;
- obtain information that will inform the Regional Primary Health Care Plan for the Western Health Authority regarding the needs of the Francophone community in the Port au Port Peninsula.

### AGENDA

1. Welcome and introductions
2. Presentation on Primary Health Care Framework - Heather Taylor, Western Health Authority
3. Facilitated discussion led by Jean-Paul Arsenault and Patsy MacLean, HRA
4. Discussion on Next Steps
5. Wrap-up

## CONSULTATION QUESTIONS FOR FACILITATED DISCUSSION

### *Primary Health Care Delivery and Access in Port au Port Peninsula - Stephenville Area*

What things are standing in the way of better primary health care for Francophone people in the Port au Port Peninsula?

What things are working well now and why?

What do you see as the top three priority primary health care issues that need to be addressed?

Do you feel that primary health care providers delivering services as a team in the Port au Port - Stephenville would improve health services? What would the team look like?

### *Promoting Health and Well-being in the Community*

*Consultants to review examples of Determinants of Health / Health Indicators ( Refer to Flip Chart on Determinants of Health / Health Indicators)*

Are there existing community relationships, or partnerships, in Port au Port that improve the health of the Francophone people of the community?

Are there examples of successful approaches that the community and health providers, working in partnership together, can build on to make things better?

What needs to be done first?

Is there anything else that you want to say about improving primary health care services in this community?

### **CONCLUSION AND CLOSING REMARKS**

Overview of themes arising from the discussion - Jean-Paul and Patsy

Discussion on Next Steps

## Appendix: Flip Chart Material to Support Consultation Questions

### **DETERMINANTS OF HEALTH**

- Social factors
- Economic factors
- Physical environment
- Individual behaviour

### **HEALTH INDICATORS**

- Life expectancy
- Infant mortality rates
- Low birth weight
- Chronic and infectious disease rates
- Mental health and suicide rates
- Lifestyle indicators (smoking, physical activity, obesity)

## APPENDIX "B"

### DELIVERY OF PRIMARY HEALTH CARE SERVICES TO FRANCOPHONE COMMUNITIES IN NEWFOUNDLAND AND LABRADOR

#### HEALTH CARE PROVIDERS CONSULTATIONS PORT AU PORT PENINSULA - STEPHENVILLE FEBRUARY 27, 2007

#### BACKGROUND

In January 2006 the *Reséau de Santé Terre-Neuve-et-Labrador (the Reséau)* participated in a project, "**Setting the Stage**", to support French-language primary health care services planning in all regions of Newfoundland and Labrador where improved access to these services is needed for the Francophone community. The *Reséau* is part of a national effort by the *Société Santé en français* and sixteen similar networks to collect, analyze and bring forward recommended actions. The *Reséau* developed a report that included an Action Plan for Delivery of Primary Health Care Services in French to serve the Francophone population in five selected communities. The report focuses on services which could be provided through primary health care teams as well as other components of the primary health care delivery system. The teams would act as an access point for French-speaking clients to the broader health care system.

The "**Setting the Stage**" report provided a number of recommendations to improve access to primary health care services for the Francophone communities, including:

- That efforts to improve French-language service delivery should be founded on established primary health care principles in Newfoundland and Labrador for improving population health status and individual health care outcomes;
- That Regional Health Authorities strategic and operational plans include the provision of French-language primary health care services as a mandatory requirement in the five selected communities;
- That primary health care services be co-located centrally on the Port au Port Peninsula which would support an interdisciplinary and inter-sectoral approach to service delivery;
- That a nurse practitioner be added to complement the primary health care services delivered.

In follow-up to the "**Setting the Stage**" report and to further advance primary health care services planning and access in the Port au Port Peninsula, the *Reséau* engaged the support of the consultant firm, HRA, to conduct community and health provider consultations in the Port au Port - Stephenville area. The Western Health Authority is working in partnership with the *Reséau* and HRA in conducting the consultations.

## PURPOSE

The purpose of the community and health provider consultations is to:

- introduce the Provincial Primary Health Care Framework for Newfoundland and Labrador;
- engage the Francophone community and health providers in a discussion on ways to improve access to primary health care services in the Port au Port - Stephenville area;
- discuss opportunities to develop primary health care teams and networks in the Port au Port - Stephenville area;
- discuss ways to improve the health and wellness of the community through partnerships with the community, the health system, and other sectors;
- obtain information that will inform the Regional Primary Health Care Plan for the Western Health Authority regarding the needs of the Francophone community in the Port au Port Peninsula.

### AGENDA

1. Welcome and introductions
2. Presentation on Primary Health Care Framework - Heather Taylor, Western Health Authority
3. Facilitated discussion led by Jean-Paul Arsenault and Patsy MacLean, HRA
4. Discussion on Next Steps
5. Wrap-up

## CONSULTATION QUESTIONS FOR FACILITATED DISCUSSION

### *Primary Health Care Delivery and Access in Port au Port Peninsula - Stephenville Area*

What things are standing in the way of better primary health care for Francophone people in the Port au Port Peninsula?

What things are working well now and why?

What do you see as the top three priority primary health care issues that need to be addressed?

Do you feel that primary health care providers delivering services as a team in the Port au Port - Stephenville would improve health services? What would the team look like?

### *Promoting Health and Well-being in the Community*

*Consultants to review examples of Determinants of Health / Health Indicators ( Refer to Flip Chart on Determinants of Health / Health Indicators)*

Are there existing community relationships, or partnerships, in Port au Port that improve the health of the Francophone people of the community?

Are there examples of successful approaches that the community and health providers, working in partnership together, can build on to make things better?

What needs to be done first?

Is there anything else that you want to say about improving primary health care services in this community?

### **CONCLUSION AND CLOSING REMARKS**

Overview of themes arising from the discussion - Jean-Paul and Patsy

Discussion on Next Steps



## Appendix: Flip Chart Material to Support Consultation Questions

### **DETERMINANTS OF HEALTH**

- Social factors
- Economic factors
- Physical environment
- Individual behaviour

### **HEALTH INDICATORS**

- Life expectancy
- Infant mortality rates
- Low birth weight
- Chronic and infectious disease rates
- Mental health and suicide rates
- Lifestyle indicators (smoking, physical activity, obesity)

**Guiding Questions for Meetings With Primary Health Care Managers  
Tuesday Morning at 9 a.m. February 27, 2007**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**What services does your program provide in the Port au Port - Stephenville area?**

**How are the services delivered?**

**Do you feel that the Francophone community in Port au Port has a good understanding of the roles and responsibilities of the various primary health care health providers?**

**Do you have suggestions for improved primary health care service delivery for the Francophone population in Port au Port.**

## APPENDIX "C"

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### Community Consultations Francophone Community

Port au Port, Nfld  
February 26, 2007

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<b>NAME:</b>	<b>REPRESENTING:</b>
1. Bernadette Benoit	Terre-Neviens Français
2. Judy Woods	Association régionale de la Côte-Ouest (ARCO)
3. Michael Fenwick	Integrated Hub Model Modèle de Réseau-Intégré
4. Robert Cormier	Fédération des francophones de Terre-Neuve et du Labrador Réseau de santé Terre-Neuve-et-Labrador
5. Jenny Fenwick	Association régionale de la Côte-Ouest (ARCO)
6. Robert Felix	Black Duck Brook Community Researcher
7. Mandy Jesso	Long Range Regional Economic Board Zone 9/Cap St-George
8. Sandi Barter Martin	RDEE TNL Cap St-Georges
9. Brandi Barter	Terre-Neviens Français, Cap St George

## Appendix "D"

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### Health Provider Consultations

Stephenville, Nfld

February 27, 2007

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<b>Name:</b>	<b>Representing:</b>
1. Sean Hillier	Western Health Community Support
2. Janice Young	Bay St. George Long Term Care Center
3. Leah Whittle	Western Health
4. Georgina Collier Hinks	Western Health - Child Youth & Family Services (CYFS)
5. Stacey Sheppard Cornect	Western Health - Public Health Nurse
6. Holly Watkins	Western Health - Community Health Nurse
7. Jeannine Alexander	Western Health - Addictions Services
8. Cindy Parsons	Western Health - Addictions
9. Les Bull	Western Health - Community Support
10. Gloria Rouzes	Mental Health & Addictions
11. Linda Sepu	Sexual Abuse Community Services - Mental Health & Addictions
12. Dianne Gaudet	Western Health - OR Team Leader - Stephenville
13. Mary Gear	Western Health - PCC In Patient Services
14. Beverly Elliot	Western Health - Team Leader - Renal Dialysis
15. Honora DuBourdier	Western Health Outpatients - Chemotherapy
16. Michelle Skinner	Manager, Mental Health & Addictions
17. Gerri McCann	Nursing Manager - Sir Thomas Roddick Hospital