

Delivering Nurse-Family Partnership® in Small and Rural Canadian Communities

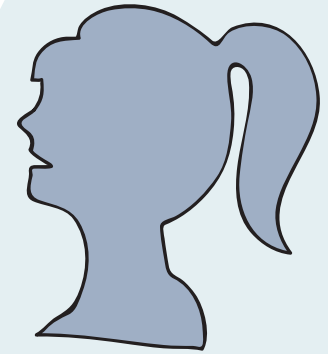
Geography and Health are Intrinsicly Linked

- Living in rural areas or small towns may potentially compound marginalization and create additional challenges for families in Nurse-Family Partnership (NFP) because of:
 - **Limited availability** of health or social care services
 - **Lack of transportation** to access available services or supports

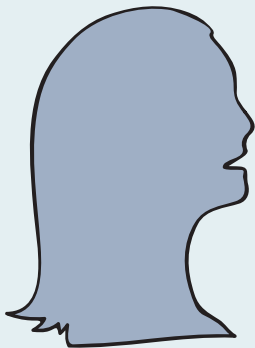
“Being in a smaller community, like we have a little bit more openness, we have a little bit more collaboration.”

Relationships Matter

- NFP public health nurses (PHNs) who live and work in the same small or rural community as their clients found that strong interprofessional relationships are often developed with a tight-knit network of health care and social services providers who work with the same client population. These networks are perceived to facilitate and often accelerate client access to services.
- NFP PHNs work closely with clients to identify their needs and refer to other services and supports. However, the degree of rurality may limit available options for referral, and thus NFP clients may develop greater reliance on the nurse.



Nurses working in small and rural communities highlighted that NFP may be the only health promotion or disease prevention service that young mothers feel safe or confident accessing on a regular basis.



“There’s much less to offer here. I think when people are given the opportunity to do a program like NFP they want to do it because there’s so little else in the town.”

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WHAT IS A SMALL OR RURAL COMMUNITY?

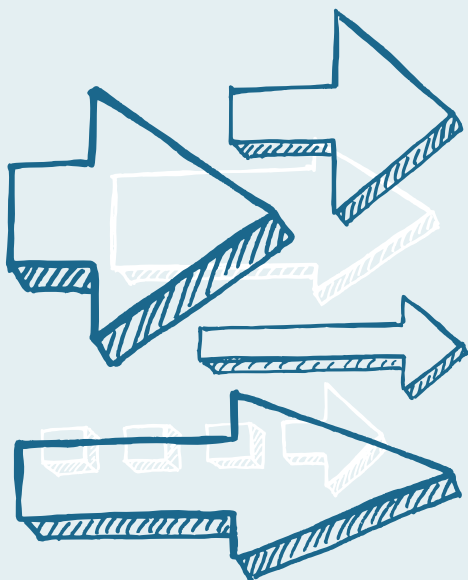
Geography can be conceptualized on an urban/rural continuum. Rural areas can range from small towns to farmlands to sparsely-populated communities, but there is rarely a clear boundary defining rural and urban spaces. According to NFP PHNs delivering the program in British Columbia, Canada, characteristics of small or rural areas include:

1. proximity to larger population centres or cities
2. locations accessible only by boat or airplane or those with poor road access – which may be further constricted by limited road infrastructure or by mountains, oceans, etc.
3. communities with populations less than 20,000 people
4. communities with limited access to health and social services



Building on the Strengths of the Community

- It is important for NFP team members to regularly identify, develop, and strengthen connections between health care and social service providers to:
 - increase awareness about NFP including program structure and schedule, as well as NFP PHN scope of practice
 - promote referrals to the program
 - facilitate client access to and utilization of other community-based services



PRACTICE TIP

Include small town and rural nurses on the NFP team by:

- Understanding that nurses are travelling to attend meetings
- Developing meeting schedules that provide travel time for rural nurses
- Including nurses in person or by videoconferencing
- Promoting connection by using teleconferencing etiquette
- Connecting with rural nurses outside of team meeting times
- Developing opportunities for rural NFP nurses to meet with each other
- Including nurses from small and rural communities in NFP program decision making

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Considerations for NFP Implementation in Rural or Small Communities

NFP PHNs and supervisors identified key factors for agencies to consider when the NFP program will be offered to clients in rural or small communities within their geographic boundaries:

1 Workload

- Establish clear time boundaries to help nurses meet all program responsibilities.
- Pro-rate supervisory sessions to reflect scheduled NFP work hours.
- Inform and discuss with other public health program managers the need for NFP PHNs to have flexibility in NFP delivery.

2 Navigating Isolation

- Build a rural NFP community of practice where nurses can connect for support, discuss their experiences of working in a rural environment and share their best practices.
- Use technology, such as teleconferences and web conferencing, to allow rural nurses to easily join meetings and educational sessions.
- To reduce burnout and improve retention, encourage nurses from rural and small communities to communicate with the broader NFP team by providing opportunities for education, reflection, and collaboration.

3 Geography Matters

- Create guidelines and policies for working and travelling in inclement weather.
- Offer flexibility on where nurses can start and end their workday.
- Provide nurses with mobile phones with data capability and safe, reliable transportation.

PRACTICE TIP

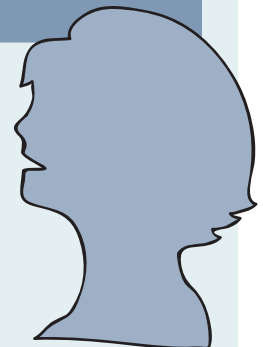
Nurses working in small or rural communities know the available resources well. However, maintaining an up-to-date list of local resources, with names of key contacts, is helpful for team members from outside areas providing coverage for NFP nurses on leave or supporting clients on their caseloads who move to a smaller geographic area.



REFLECTIVE SUPERVISION FOR SMALL COMMUNITY & RURAL PRACTICE

Rural nurses working in remote offices can find it challenging to connect with supervisors. To enhance the quality of reflections between supervisor and rural nurses, supervisors can: **1)** arrange an in-person meeting before the first reflective practice session; **2)** connect via videoconferencing; and **3)** learn more about the benefits and challenges of rural nursing.

“I have clients that have a lot of crises and the ability to debrief with a colleague that understands the work, that’s doing the frontline work would be so valuable.”



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