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A Nursing Association's Leadership in Primary Health Care: Policy, Projects, and Partnerships in the 1990s

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Cet article fait état de l'œuvre d'une association provinciale d'infirmières, la *Registered Nurses Association of British Columbia (RNABC)*, qui promeut les soins primaires (PHC) en tant que fondation du système de santé. En 1990, la RNABC a lancé un programme général de politiques dans le but d'influer sur les changements selon la perspective des infirmières. Un large éventail de stratégies a été mis en pratique au cours d'une période de 10 ans, afin d'introduire les soins primaires au sein du système de santé de la Colombie-Britannique. Les stratégies qui ont porté fruit comprennent, entre autres : la rédaction et la diffusion de documents de politiques, la mise en application et l'évaluation de projets pilotes, et la création de partenariats avec d'autres groupes. Certains des projets et les résultats obtenus sont mis en lumière et une réflexion critique est faite concernant les apprentissages issus des différentes initiatives. Bien que le travail de la RNABC dans les années 90 en matière de politiques ait donné lieu à des réalisations remarquables, l'intégration des soins primaires nécessite de plus amples efforts concertés s'appuyant sur des stratégies multiples.

This paper documents the work of one provincial nursing association, the Registered Nurses Association of British Columbia (RNABC), to promote primary health care (PHC) as the foundation of the health-care system. In 1990 the RNABC embarked on a comprehensive policy program to influence change from a nursing perspective. A wide array of strategies was used over a 10-year period to help make PHC a reality in British Columbia's health-care system. Successful strategies used during this period included: writing and distributing policy papers, conducting and evaluating demonstration projects, and developing partnerships with other groups. Some of the projects and their outcomes are highlighted, followed by a critical reflection on lessons learned through the various initiatives. Although remarkable achievements were made from the RNABC's policy work during the 1990s, the advancement of PHC requires further collaborative efforts using multiple strategies.

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In the years following the *Alma-Ata Declaration* (World Health Organization [WHO], 1978), nursing associations around the world endorsed primary health care (PHC) as a philosophy and approach to health care. The International Council of Nurses and its members, including the Canadian Nurses Association (CNA), articulated a role for nurses in PHC and emphasized that PHC should become a foundation of our health-care system (Canadian Nurses Association, 1988, 1995; International Council of Nurses, 1988). Likewise, provincial and territorial associations published position statements and undertook activities to promote PHC in their jurisdictions throughout Canada (Rodger & Gallagher, 1995).

This paper offers a description of activities undertaken by the Registered Nurses Association of British Columbia to institute PHC in nursing practice and influence provincial and local health policy. Specific projects and strategies will be used as examples of developments that took place in one province during the 1990s. Although individual projects have been reported upon, it is rare to find a reflective review of a series of activities to achieve major policy change. We begin with a brief description of British Columbia's health policy environment in the past decade and the groundwork done by the nursing association to influence the process of health-care reform. The latter part of the paper highlights activities carried out in partnership with other organizations to achieve desired changes in PHC. We conclude with a reflection on the lessons learned during the past decade and some recommendations for future policy initiatives.

The Context

The early 1990s provided a welcome opportunity to consider changes in the delivery of health services. Most jurisdictions in Canada embarked on major reviews of their health-care systems beginning in the late 1980s or early 1990s. The findings and recommendations of these royal commissions and other inquiries were similar across the country; most focused on the themes of cost containment, greater flexibility, integration of services, community-based care, and increased public involvement in decision-making (Lomas, 1993; Rachlis & Kushner, 1994). British Columbia opted for a decentralized model of governance with the eventual creation of 52 health authorities. Much of the health reform effort during this period was devoted to "regionalization," which focused on setting up and embarking upon local governance of the health-care system.

The Groundwork: New Directions for Health Care

The Registered Nurses Association of British Columbia is the professional regulatory body for the province's 35,275 registered nurses. Since the 1980s, the RNABC has advocated for a health-care system based on the well-known principles of PHC: public participation, accessibility, intersectoral cooperation, appropriate technology, and health promotion (WHO, 1978).

In 1990 the RNABC launched a policy program, New Directions for Health Care, to influence provincial health policy from a nursing perspective. The RNABC defined this unique nursing perspective as an outlook inherent to the profession of nursing. Consequently, the Association set out to influence health policy by drawing upon the profession's knowledge of the health-care system and existing health issues in the province combined with nursing's analysis of the need for health-care reform. PHC was the foundational concept on which the policy program was based because of the congruence with nursing's values and the RNABC's vision for the future of health care. Early work involved the publication of a position statement and a series of discussion papers on topics such as nursing roles, PHC, and health goals (Registered Nurses Association of British Columbia [RNABC], 1990a, 1990b, 1990c, 1991). These papers formed the basis of the Association's submission to the British Columbia Royal Commission on Health Care and Costs (RNABC, 1990d).

In carrying out its New Directions program over a 5-year span, the RNABC used multiple strategies involving its Board of Directors, its members, its staff, and other organizations. The Board made it a high priority and allocated resources to the program; for instance, the executive committee of the Board acted in a strong advisory capacity by setting targets and reviewing progress on a regular basis. The Board also provided an annual budget for a full-time coordinator and for program activities. A policy planning framework guided the program through four phases: position development, communication, facilitation of change, and evaluation.

Position development was the focus of the first year as issues were identified and clarified through discussion papers and strategic planning sessions with key constituents. Some of the long-term objectives of the program were: to incorporate PHC content in all nursing education programs; to promote a shift in health-care resources from acute care to prevention and health promotion; to promote the establishment of

provincial health goals; to increase the use of registered nurses as point-of entry to the health-care system; and to increase the number of community health centres.

Communication activities were extensive, targeted initially to RNABC members, then broadening to the public. As the program gained momentum, a speakers bureau was developed to communicate these messages to various audiences (service clubs, health-care providers, nursing schools) throughout the province. A documentary video series was produced and shown on community television throughout British Columbia. RNABC representatives gave presentations at national and international conferences, wrote journal articles, and disseminated materials widely.

A significant part of the program focused on projects as a method for clarifying and demonstrating PHC principles in practice. These projects examined changing roles of nurses in specific practice settings and recommended ways to ensure that nursing practice was consistent with PHC. One such project, carried out in collaboration with an urban public health department, examined the role of nurses in community development. Lessons learned from that 2-year project informed a later demonstration project (RNABC, 1996).

Another project, a study of the role of hospital nurses in health promotion, showed that nurses in acute care valued their health promotion role and sought to increase their competence in this area (Berland, Whyte, & Maxwell, 1995). In conjunction with a group of occupational health nurses, the RNABC also conducted an assessment of needs for nursing services and health promotion in small industry. These findings were used to communicate with decision-makers on the subject of nursing's contribution to workplace health. Experience gained from conceptualizing and implementing these small projects set the stage for the flagship Nursing Centre demonstration project, developed in 1994.

The projects served as concrete examples of the kinds of changes needed and stimulated members' interest in the program. A second method of facilitating change involved education of members through consultation in their agencies and workshops designed to help nurses apply PHC in their practice and in mounting community projects. Considerable work was done to influence change in nursing education through a curriculum study of PHC in British Columbia nursing schools (RNABC, 1994a) and meetings with nurse educators.

A formal evaluation of the overall program was carried out at its conclusion (RNABC, 1995). In reflecting on what had been accom-

plished, the RNABC concluded that the most significant outcome was the influence exerted on provincial health policy: government officials and other organizations had deemed the Association's submission to the Royal Commission as having an impact on the health reform process. Many of the RNABC's recommendations were incorporated into the government's framework for reform. With respect to influencing nursing education, 90% of the province's schools of nursing were, by 1994, using the New Directions discussion papers to educate students in PHC. Recognition by nurses in other jurisdictions also attested to the impact of the RNABC's work.

Comox Valley Nursing Centre

Building on the New Directions program, the RNABC embarked on a major collaboration with the Ministry of Health through the office of the Provincial Nurse Advisor. The purpose of the Nursing Centre demonstration project was to establish and evaluate a nursing service based on the principles of PHC. The 2-year demonstration period (1994–95) was funded by the British Columbia Ministry of Health; the external evaluation component was funded through two research grants awarded to a team of investigators (RNABC, 1996). A provincial advisory committee included representation from government, the nurses union, universities, and the medical profession. Comox Valley, on Vancouver Island, was chosen as the demonstration site following an extensive province-wide selection process. Once the project was underway, a team of registered nurses provided a wide range of services and programs in response to community needs. The practice included health assessment, counselling and health-care interventions, referral, and follow-up. The Nursing Centre became a responsive health resource centre, where clients could drop in and have easy access to a nurse and a wide array of health information. Over time, numerous support groups were formed and staff became involved in partnerships for public health promotion and advocacy.

Though not without its challenges — documented with considerable candour by the external evaluation team (Attridge et al., 1996) — the project was deemed a success. The evaluators and the RNABC issued comprehensive reports with recommendations for future action (Attridge et al.; RNABC, 1996). A strong recommendation to the Ministry of Health was that health-promoting nursing practice — as demonstrated in the project — be recognized as an essential component of future interdisciplinary health centres. A notable outcome is that the Comox Valley Nursing Centre continued beyond the demonstration

period because community members lobbied to keep it as part of the area's health services. Today it is fully funded by the Comox Valley Community Health Council (the local health authority), with which it shares a convenient storefront location in downtown Courtenay. Its programs have evolved in response to changing health needs and issues, as highlighted in a recent report:

> Over the past five years we have been successful in identifying significant gaps in health service delivery and collaborating with a variety of other community agencies. Our biggest challenge now is to go beyond the "Nursing Centre" concept and create an enhanced multidisciplinary practice. Integration with other agencies would be a long term goal. (Health Centre Working Group, 1999a, p. 13)

New Strategies for Influencing Health Policy

Following the success of its New Directions program and the Nursing Centre project, the RNABC continued to work with its members to support local initiatives in health reform. Some of the more recent activities and strategies are outlined below. It is also worth pointing out that by the mid-1990s the RNABC had adopted a regulatory framework for promoting good practice, preventing poor practice, and, when necessary, intervening with unacceptable practice. Policy initiatives aimed at the provincial health system, such as advocating for improved access to community-based health services, are one way of "promoting good practice." In recent years the RNABC has assisted its members in providing a nursing perspective on policy approaches to foster improvements in their health-care agencies and communities.

In 1998/99 the RNABC developed a five-module workshop, Influencing Health Policy, to help its members work effectively in groups, acquire the competency to identify and take action (at a policy level) on local health issues, and form partnerships in community action. The conceptual framework for the workshop was Labonte's (1994) empowering strategies model based on health promotion practice. The development of the workshop was a response to an educational need that emerged through member input from program evaluation, teleconferences, and other discussions. One of the workshop modules was designed as a result of lessons learned from the National Think Tank on Primary Health Care and Nursing (RNABC, 1998a).

In 1998 the RNABC published *The New Health Care: A Nursing Perspective*, a 70-page document that looks at PHC and health-care reform from a nursing viewpoint (RNABC, 1998b). It is an update of a shorter document produced in 1994. The 1998 document is currently

used by nursing educators and their students in most British Columbia nursing schools. In addition, the Association formulated a policy position on the subject, which was revised in 1999. Support for PHC as the foundation of the health-care system is apparent in the RNABC's current vision and statement of guiding principles.

That same year the RNABC held a number of teleconferences on community development and local capacity-building initiatives facilitated by nurses in British Columbia, as well as a provincial teleconference on PHC. Articles on nurses' roles in PHC continue to be published in *Nursing BC* (e.g., Griffiths, 1999; Stone, 1999). The RNABC has also participated on the steering and evaluation committees of Partnerships for Better Health, a 2-year self-care pilot project co-sponsored by the Ministry of Health and a local health authority (Capital Health Region). The project was designed to explore the potential of an information-based intervention to enhance the self-care skills of individuals in managing their own common health problems and participating in informed decision-making with their health-care provider.

In October 1998 a National Think Tank on Primary Health Care and Nursing (RNABC, 1998a) was held in Victoria. The think tank originated as part of a program objective of the RNABC and was a collaborative effort with CNA. Its objectives were to provide an opportunity for Canadian registered nurses, expert in PHC, to consider and prioritize issues in PHC they should be addressing, and to develop strategies to address one major PHC issue. An informal national survey carried out before the think tank identified four key issues for nursing and PHC: the need to clarify the role of nurses in PHC and to identify the voice and contribution of nursing; the need to partner with other sectors and the community; the need for funding; and the need for appropriate PHC educational preparation and competency maintenance for nurses.

Based on a set of criteria agreed to by the participants, the group chose to spend the day working on the following two issues: the need to partner among ourselves, with other sectors, and with the community; and the need to develop consensus in the profession regarding PHC nursing. After formulating a vision of what might be achieved if action were taken on these issues, participants identified strategies necessary to realize the vision. Themes of education; communication; partnership-building; research and evaluation; and the development of models, definitions, and frameworks emerged from the discussion. It was felt that nurses, other disciplines/sectors, and the public required educating in PHC and partnerships. The group recommended the

development of modules that could be either incorporated into any curriculum, including continuing education, or offered as a stand-alone program. It was suggested that distance-learning formats and existing community resources be used to provide nurses and others with appropriate PHC education. The group recommended that partnerships be the theme for Nursing Week in 1999 or 2000.

Participants agreed on the necessity of communication concerning successful partnerships and implementation of PHC. They suggested that a Web site be developed, consideration be given to establishing a journal dedicated to the theory and practice of PHC, and plain language be used in communicating with the public. They also recommended the development of interdisciplinary and intersectoral teams focused on specific populations and the encouragement of active consumer representation on boards and committees. It was suggested that partnerships be formed with local groups, such as women's institutes and seniors' coalitions, to develop joint strategies. The group recommended that studies be carried out in each province/territory to assess the baseline status of nurses' knowledge about PHC and partnerships. It recommended that the CNA be asked to lobby for funds to support this type of research. Existing successful PHC and partnership models need to be identified, it was believed, and information regarding them disseminated. The group recommended that a national stakeholders' forum be held to develop and clarify definitions of primary care and PHC.

Many individuals agreed to commit to specific actions in their own jurisdictions and spheres of influence. Participants emphasized the importance of continuing the process initiated at the think tank and developing an action plan to move the PHC agenda forward. In a true sense of partnership, they agreed that others, especially the public, should be involved in future discussions and forums. Almost all participants expressed a willingness to continue the process. However, development of a concrete action plan to implement these strategies has not been achieved to date. Action of this magnitude requires a unified effort of many partners in order to succeed.

Health Centre Working Group

As noted above, the RNABC had a longstanding interest in promoting community health centres as a vehicle for PHC. The Nursing Centre demonstration project contributed valuable insights into community dynamics and the challenges involved in establishing effective interdisciplinary partnerships. In reflecting upon the lessons learned and con-

sidering possible follow-up strategies, the RNABC and the British Columbia Nurses Union (BCNU) decided to mount an educational campaign to inform health authorities about the community health centre approach. BCNU produced a video (which was widely distributed) and published articles on community health centres. In 1997 the nursing organizations approached other groups and eventually formed the Health Centre Working Group, a coalition of 10 partners, including the Aboriginal Health Association of British Columbia, several health authorities, the Health Association of British Columbia, and the Ministry of Health. The coalition's purpose is to facilitate the establishment of new health centres — based on PHC principles — throughout the province. Its past work was funded by the Ministry of Health and supported by the in-kind contributions of partner organizations. From 1997 to 1999 the Health Centre Working Group provided education, resource materials, and planning assistance to local health authorities interested in re-orienting their community-based programs. Consultants worked with interested communities to develop health centres characterized by interdisciplinary team practice, broadly based community involvement, and an emphasis on prevention and health promotion.

The Health Centre Working Group's accomplishments during its first 2 years were: establishing a focal point for health centre information; providing education and practical assistance to 24 communities; creating the first directory of British Columbia community health centres; and contributing to government policy development in PHC (Health Centre Working Group, 1999b).

Reflections on Lessons Learned

Looking back on the decade, it becomes apparent that the RNABC's efforts to promote PHC had an impact at several levels. Members looked to their Association for leadership in a period of health reform and found guidance for changing their practice environments and contributing to local reform initiatives. Nursing education embraced the changes being promoted during the 1990s and readily incorporated PHC content. Some of the policy directions promoted by the RNABC in the early 1990s were realized by the end of the decade; for instance, a set of provincial health goals was approved by Cabinet in 1997 (British Columbia Ministry of Health, 1997). A renewed interest in community health centres and PHC was evident in Ministry of Health support for the provincial Health Centre Working Group. Today, the RNABC continues to assist nurses in influencing health policy so that they may promote and foster the growth of PHC as well as address other issues.

As documented in this paper and in evaluation reports over the past decade, there is no doubt that the RNABC's policy and partnership strategies have yielded results. Along the way, however, there have been numerous challenges to these achievements and many issues remain unresolved. We will conclude with some thoughts on strategies for making PHC a reality in Canada, based on the RNABC's experience. We recognize that each province and territory faces its own unique circumstances and challenges in moving the PHC agenda forward.

Demonstration Projects

Demonstration projects in aspects of PHC serve a useful purpose and should continue. Governments, local and regional health authorities, the professions, and the public need to see practical ways of re-orienting health care. Demonstration projects offer a visible means of applying new ideas in communities and a mechanism for public involvement. It is important that such projects be representative of diverse communities and that they not be carried out in isolation. In the urgency to meet grant competition deadlines or externally imposed criteria, these projects often suffer from lack of attention to planning and may exclude necessary partners. Allowing sufficient time for the start-up phase of a project will likely prevent problems during implementation. Evaluation of the Nursing Centre demonstration project, for example, noted that the demonstration period was far too short to allow for assessment of its true impact and that the grant application should have taken into account the time required to work with the community before opening the centre. This is not a unique insight in demonstration project evaluation, and it is hoped that funding bodies will seriously consider and provide for these concerns in future projects.

Partnerships

Although the RNABC has facilitated several successful partnership projects, each one has brought challenges in the initial phase. Finding common ground and methods for overcoming differences among partner organizations is always an issue when coalitions are being formed. Again, taking the time to listen to each partner as issues arise helps the coalition to function effectively in the long term. This may be a frustrating period to live through, as one partner is ready to "get on with" the project while another needs to resolve an underlying issue before proceeding. In the case of the Health Centre Working Group, it took more than 6 months for the 10 partners to agree on the project's goals and methods. Hours were spent debating the direction of the

project. One important partner withdrew during that period because its views seemed incompatible with those of the majority. In hindsight, the group may have been able to keep that organization if more time had been spent listening to its concerns. It is quite remarkable that the 10 partner organizations have sustained the coalition through the challenges of the first 2 and a half years and have been able to meet their objectives.

Commitment to Primary Health Care

It remains a constant struggle to raise and maintain the profile of PHC in Canada. Indeed the meaning of the term *primary health care* is frequently misunderstood and equated with primary care or primary medical care. The RNABC has spent more than 10 years clarifying the concept through visible projects, thoughtful policy analysis, and communication strategies to exchange ideas. This has occurred against a backdrop of changing governments (with corresponding changes in ministers of health and senior officials) and political and economic uncertainty at local, regional, and provincial levels. In addition, the government's good intentions to implement PHC often become lost due to the latest "crisis" in health care, political sensitivity to the concerns of the medical profession, and public demand for services, including new technologies. On a positive note, we have observed growing enthusiasm among health authority governors for adoption of broad PHC approaches in their communities. These governors volunteer their time to serve on regional health boards and councils because they want to bring about changes in health services and to act on determinants of health.

Conclusion

Although not an empirical study or formal case study, this paper has analyzed and reflected on earlier evaluations of aspects of the RNABC's work. It has illustrated that the RNABC developed, in the public interest, a comprehensive policy program to demonstrate and influence changes in health care. From its early explorations of the PHC approach, the RNABC developed a solid foundation, which informed subsequent initiatives. In building this policy program, the Association chose specific objectives and used a wide array of strategies to meet its goals, always taking into account the valuable lessons learned from past projects. A strong emphasis on evaluation of the major initiatives was evident throughout this period; both process and outcomes were examined thoroughly and results disseminated. The most visible achieve-

ments came from demonstration projects and solid partnerships. These projects added substance to the policy papers, in themselves an important legacy of the RNABC's work to advance PHC. Although there were remarkable accomplishments from this policy work, keeping PHC on everyone's agenda will require further collaborative efforts using multiple strategies.

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