



Centering Women and Newborns in Health Human Resources Planning:

Listening to the voices of women to inform primary maternity health care in Nova Scotia.

Annette Elliott Rose RN MN PhD(c)

Gail Tomblin Murphy RN PhD

Dalhousie University

Acknowledgements

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WHO/PAHO Collaborating Centre on Health Workforce Planning & Research

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1. Health Systems and Health Human Resources Planning
2. Capacity Building and Knowledge Transfer
3. Evaluation and Ongoing Learning

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Birth is not only about making babies. Birth is about making mothers... strong, competent, capable mothers who trust themselves and know their inner strength.

Barbara Katz Rothman

Objectives

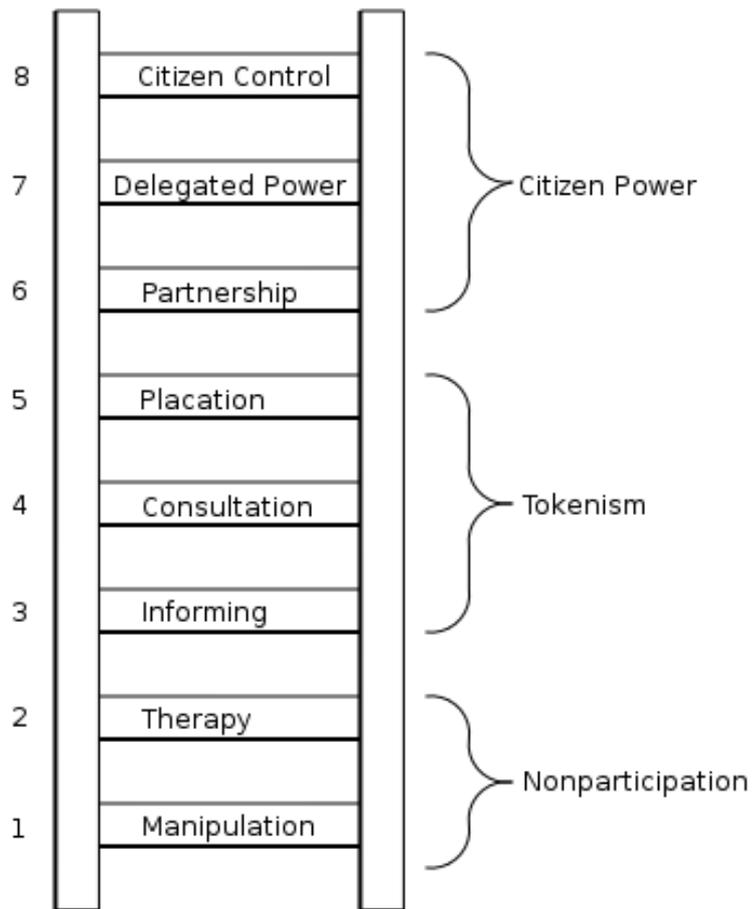
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- Review relevant literature
- Discuss the importance of needs-based health human resources (HHR) planning to enhance the ‘patient voice’ in health systems planning
- Consider the types and sources of data needed for needs-based HHR research
- Discuss the research process and preliminary results from an ongoing mixed methods study
- Present ‘patient-centered’ strategies for policy, practice and planning in perinatal care

Patient Voice

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- Patient-centered care
- Patient involvement—policy, planning & service delivery, research and care encounters
- Shared decision-making
- Open and respectful communication
- Collaboration



“There is a critical difference between going through the empty ritual of participation and having the real power needed to affect the outcomes of the process”

Arnstein, 1969

iap2 public participation spectrum

developed by the international association for public participation



	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advise and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLE TOOLS	<ul style="list-style-type: none"> • Fact sheets • Websites • Open houses 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings 	<ul style="list-style-type: none"> • Workshops • Deliberate polling 	<ul style="list-style-type: none"> • Citizen Advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decisions

Improved patient experience with the health system and health outcomes

Patients influence and accelerate decision-making,
translation and uptake of new practices

Research is conducted in areas
patients value

Researchers understand the value of
patient involvement and patients
understand the value of research

Provide input on identifying health
research priorities

Participate in the design and
undertaking of research projects

Patients

Researchers, health care professionals and policy-makers work together
with patients to ensure a patient-oriented approach that improves
both practice and treatment

Background/Problem

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- Need HHRP based on broad defn of health

Raphael, 2009; Davies et al., 2014

- Canadian health care system recently ranked 2nd to last

Commonwealth Fund, 2014

- Shortages of providers

Biringer et al., 2009; SOGC, 2008

- Need to know how and what care will be delivered and who is needed to provide care

Tomblin Murphy et al., 2007

- No needs-based HHR research solely on primary maternity health care

Background/Problem cont'd

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□ Increasing maternal-newborn health challenges

Perinatal Epidemiological Research Unit, 201; Reproductive Care Program of Nova Scotia, 2008,2012; Robinson et al., 2005

□ Effective HHR requires both short-term planning to solve urgent needs and long-term planning to develop a flexible workforce with the right mix of skills to respond to future needs

ACHDHR, 2004; 2007

□ HHR issues have been consistently identified as a priority area for health system planning and research in Canada

Romanow, 2002; Kirby, 2003; ACHDHR, 2004, 2007

Health Human Resources (HHR) Planning

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- Health Human Resources planning is, ‘the process of estimating the number of persons and the kind of knowledge, skills, and attitudes they need to achieve predetermined health targets and ultimately health status objectives”

Hall & Mejía, 1978, p.18

Key Question for HHR Planning

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- How many health care providers are required to perform what services, for whom, and under what circumstances in order to meet the needs of people and improve the health, provider and system outcomes?

Existing Approaches to HHRP

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- Needs-based
- Utilization (demand)
- Workforce-to-population ratios
- Target-setting

Needs-based HHR: A People-Centered Approach

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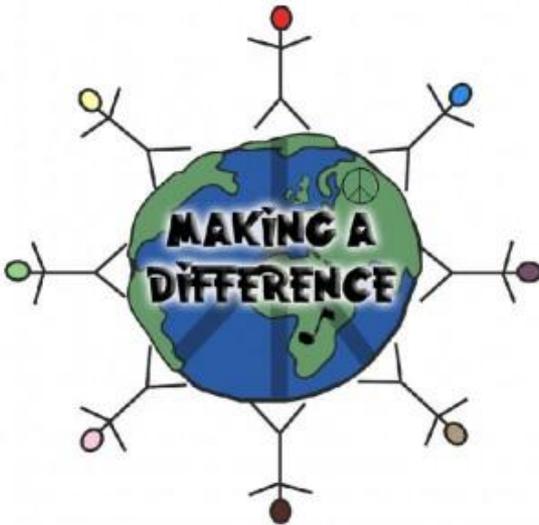
- Health need is defined as “the ability to benefit from health care as implied by reducing the risks of deterioration in health status (or health-related quality of life) or improving the probability of improvements to health status (or health-related quality of life)”
- Estimated by combining demographic projections, epidemiological or morbidity trends, and service standards to estimate service requirements—typical quantitative focus
- The service requirements are converted to HHR requirements using productivity norms and/or professional judgments

WHO, 1971; Hall & Mejía, 1978; Birch & Eyles, 1991; Markham & Birch, 1997; Dreesch et al., 2005

It's about Efficacy...

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- ▣ Needs-based approach to HHR aligns the identified needs of people with the competencies, types and mix of providers and types of services required to meet needs



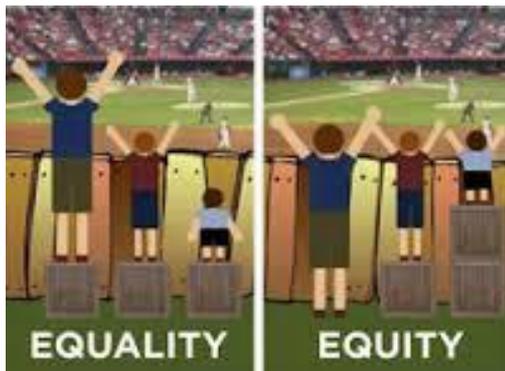
Birch et al., 2007; Tomblin Murphy et al., 2009

It's about Equity...

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- ❑ In a relative needs-based approach equal resources are provided for populations with equal needs and unequal resources are provided for populations with unequal needs
- ❑ Traditional models of allocating health care resources are based upon past utilization patterns and “historical distributions of populations and the locational preferences of providers”

Birch & Eyles, 1991; Birch & Chambers, 1993



Available from: <http://www.portlandoregon.gov/oehr/>

It's about Sustainability and Value...

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- A comprehensive needs-based assessment of health human resources enables the allocation of health care resources to be based on the needs of the population being served and may realign the way health care is delivered, create cost savings and decrease health disparities
- Supports the design of services and programs that maximize impact, support providers to work to their full scope and improve health, system and provider outcomes



Birch, 1997; McIntyre, Theide & Birch, 2009

It's about being Evidence-Informed...

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- ▣ Need is independent of availability or utilization

Birch et al., 2007; 2009



Frameworks informing Needs-Based Health Systems and HHR

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□ Conceptual Framework

Tomblin Murphy & O'Brien-Pallas, 2006

□ Analytical Framework and Simulation Model

Birch et al., 2007, 2009

□ Service-Based HHR Planning Framework

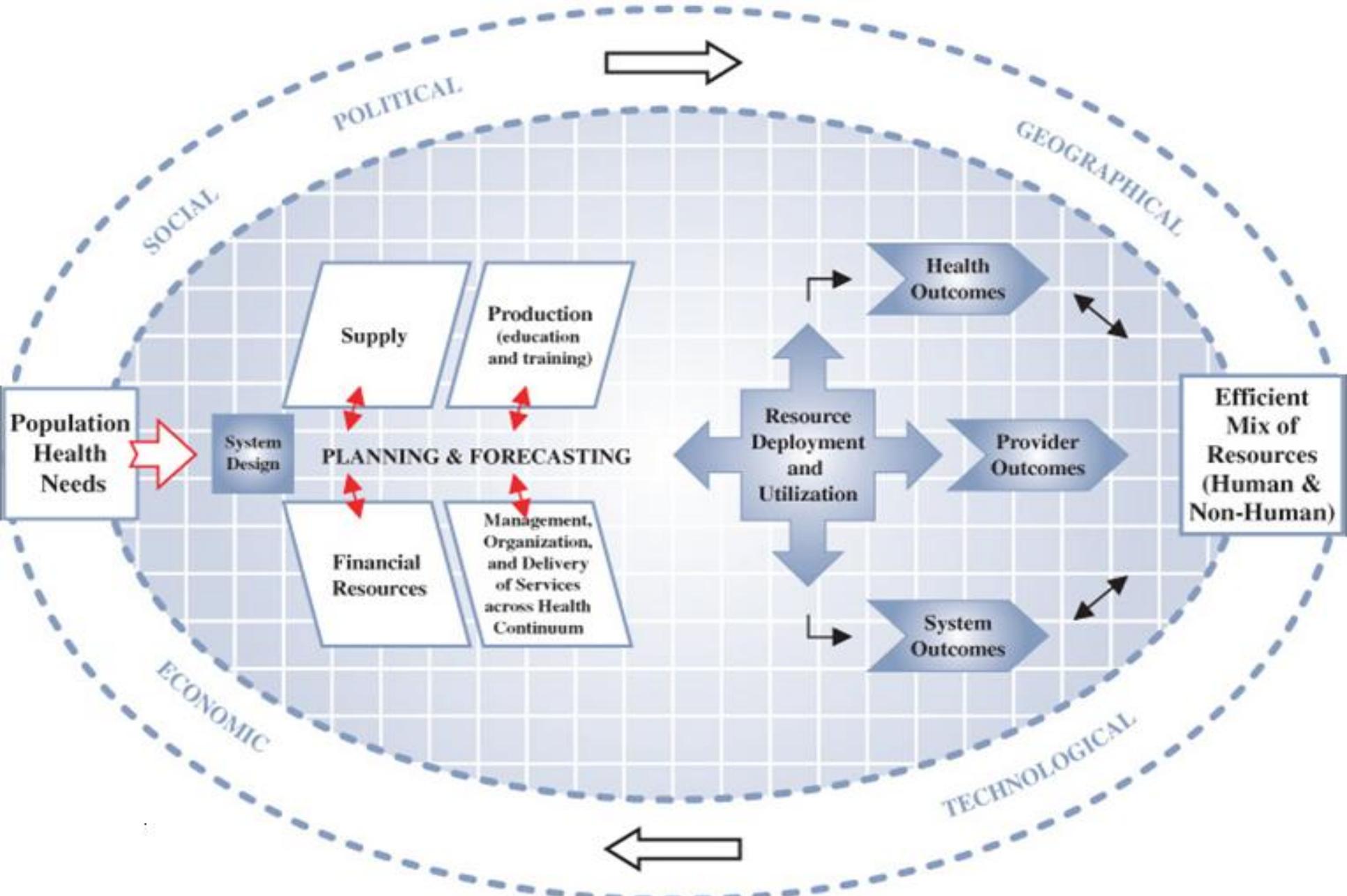
Tomblin Murphy, et al., 2012a, 2012b; Goma et al., 2014

Conceptual Framework

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- HRH Planning occurs within, rather than independent of health care planning
- Health care planning occurs within, rather than independent of, public policy planning

Tomblin Murphy & O'Brien-Pallas, 2006



Tomblin Murphy & O'Brien-Pallas, 2006

Adapted from O'Brien-Pallas, Tomblin Murphy & Birch (2005), O'Brien-Pallas, Tomblin Murphy, Birch & Baumann (2001) and O'Brien-Pallas & Baumann (1997)

Features of the Conceptual Framework

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- **“Derived” nature of requirements**
 - Requirements derived from the needs for services

- **Production of health care**
 - Services produced from human and non-human resources

- **Contextual nature of requirements**
 - Service contexts define opportunities and constraints for HR planning

'Measuring' Health Needs

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- How do we measure patient needs?
- How should we measure patient needs?
- What data sources are available?
- What research methodologies support patient-centered research?

“It is often much worse to have a good measurement of the wrong thing – especially when, as is so often the case, the wrong thing will in fact be used as an indicator of the right thing – than to have poor measurement of the right thing.”

Tukey, cited in RCN, 2009

What do we measure?

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- **National Health System Indicators**
 - Adverse events (e.g. C/S)
 - Readmissions
 - Mortality
- **Provinces/Territories**
 - Those above + additional specific indicators related to trends, issues or strategic priorities (e.g. wait times)
- **Organizations**
 - Effectiveness, Appropriateness & Accessibility (usu. specialist), Safety, Finances

What's important to people?

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- Canadians value health, wellness & quality of life
- Organizations, professional and community organizations value excellent care to achieve QoL, collaboration, engagement, empowerment, strengthened pop. health and SDoH
- However, current metrics are based on risk and safety

Snowden et al., 2012

Purpose

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- The purpose of my sequential mixed methods study is to identify the primary maternity health care needs of women and newborns in Nova Scotia.



Research Questions

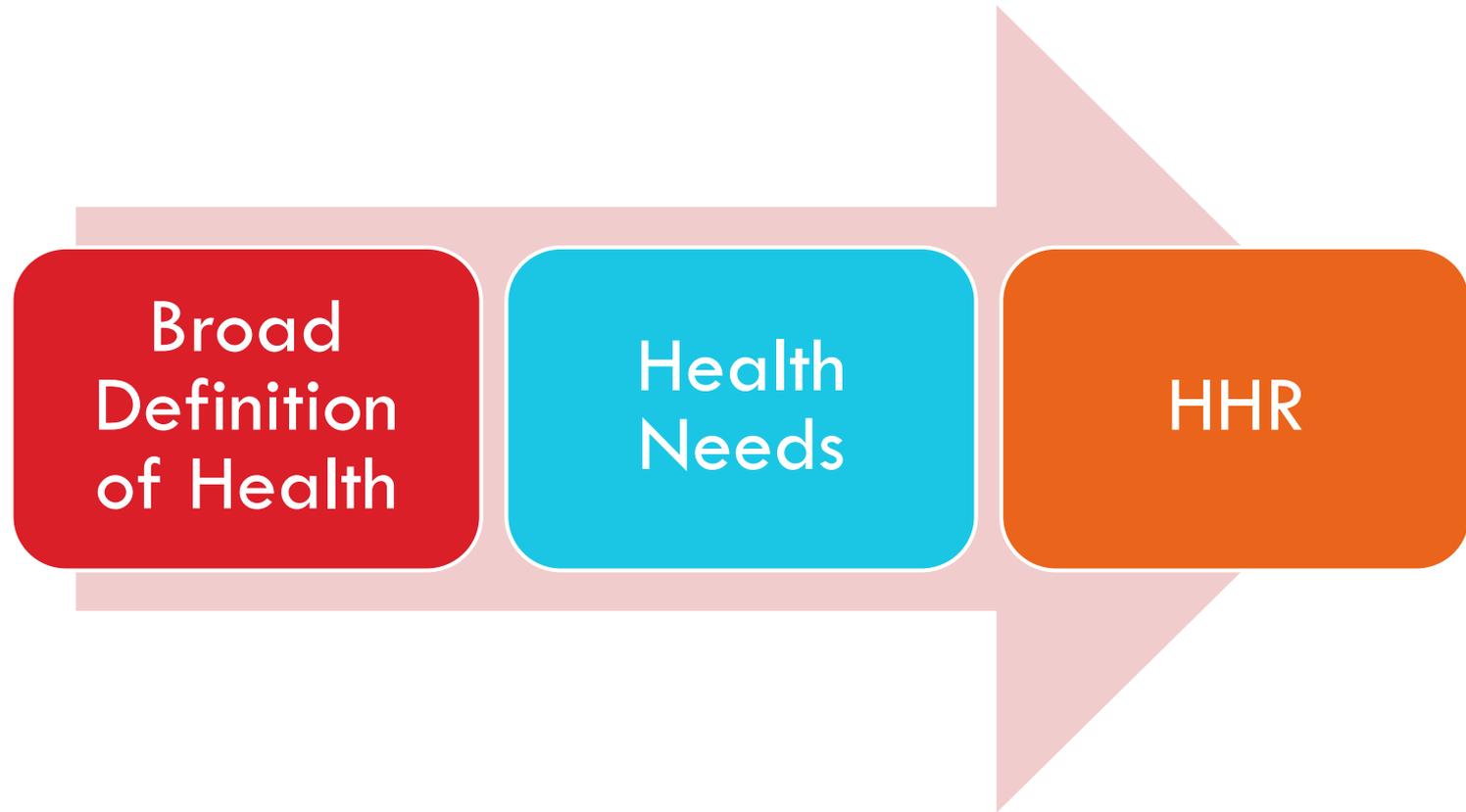
1. **What are the primary maternity care needs of women and newborns in Nova Scotia?**
2. Are there differences in the identified primary maternity care needs between women, care providers and health leaders, and those needs identified using the needs-based HHR frameworks?
3. Are there differences between the identified needs of the general perinatal population and sub-populations of the maternal-newborn population based on age, income, area of residence, morbidity, race/ethnicity and self-assessed health status?
4. Do women, care providers and/or health leaders identify gaps in services in the current models of primary maternity care? If so, what service delivery approaches can be used to address the gaps in service?

General Systems Theory

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- Using a systems perspective and aligning with the HHR conceptual and analytical frameworks, elements within the system are understood to be relational, emergent and dynamic within the context of a continuous world view.

Von Bertalanffy, 1968

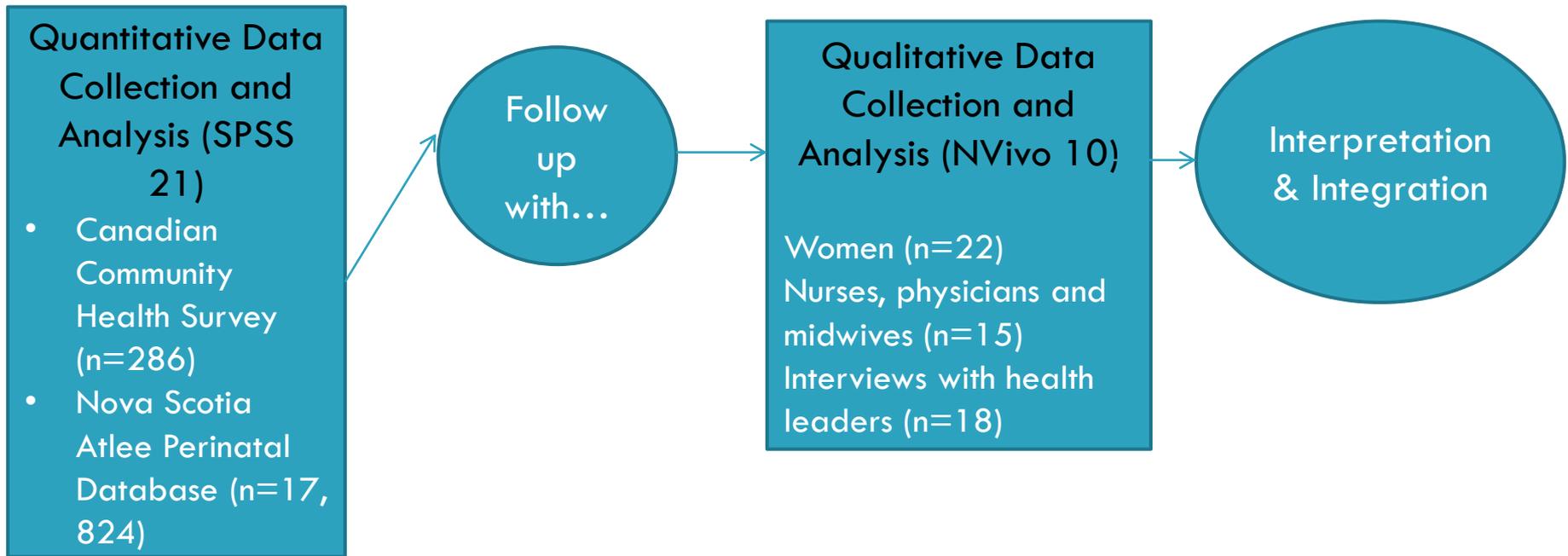


Type of Perinatal Care	Indicator	Source
Prenatal	Access:	
	GA at 1 st Ultrasound (by 21 6/7 weeks)	NSAPD
	HIV or Maternal Serum Screening discussed or completed	NSAPD
	Health Status:	NSAPD
	Pre-pregnancy BMI	NSAPD
	Pre-pregnancy smoking	
	Self-reported health status	CCHS
Self-reported unmet needs	CCHS	
Reported having a regular PHC provider	CCHS	
Intrapartum	Maternal Morbidity Scoring	NSAPD
	Newborn Age-Weight-Sex Scoring	NSAPD
Postnatal	Breastfeeding initiation	NSAPD
	Breastfeeding duration	CCHS
	Self-perceived mental health status	CCHS

Methodology, Methods & Design

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□ Relational, pragmatic reality



□ Sequential cross-sectional explanatory QUANT→qual

What are women saying about patient-centered care?

- [a wish] Somebody who follows you from the beginning to the very end. Having that person who knows what you've been through, any problems that you've had or concerns so you don't have to explain it to each new person that comes into the room with you.
- Yeah, it was a bit of a factory. Like pee, blood pressure. Very little interaction. Any questions were, "Yeah, you're pregnant."
- Because when my nurse was leaving, I bawled like a baby because I didn't want her to leave. And the new nurse, she was just...she was there for a pay cheque. Yeah, she...no interaction. Just sat there braiding her hair, reading her book.

Women cont'd

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- I actually think that when doctors... Like not just because you're pregnant, I think that they should also like, you know, not just for the baby's health but more about your health as well... But I think that if they had more time to think about how our feelings are too that it would be more better.
- But she's a doctor in NS. Like most family doctors, she's overworked. She runs 2 hours behind every appointment. She just doesn't have the time to sit there and listen to me if I'm having a rough week, right? She doesn't have 20 minutes to maybe listen to me bawl my eyes out because, you know, ... She just didn't have that time. As much as I think she probably wants to, it's not there. Whereas there needs to be someone there who can take a little bit more time with the patient.

What are health leaders saying about patient-centered care?

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- I mean it's a provider-centred model where the providers want to live, where the providers are prepared to give care, whether they're prepared to work out of hours or not, or travel to communities or not. You know, by and large, providers decide what their practice is going to be. And the patients have to fit into that, whatever that is, that model.
- We as a system...we are provider-centric. Individuals are patient-focused and family-focused. And I don't necessarily fault the system for that, I think we are on the brink of changing that...

What are care providers saying about patient-centered care?

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- To be perfectly frank, physicians traditionally have had all of the power. Now that is shifting, that is changing. We are having more collaborative teams. But it's still in a very medicalized model. So we talk about family-centred care, ha-ha. It's not family-centred care. Institutional-centred care where we give lip service to families.
- But then I have like half an hour of time that I can take that woman aside and just talk to her about whatever I want to talk to her about. So if she's saying, you know, she's feeling a little bit sad or she's feeling a little bit stressed or she doesn't have the supports that she wants, because I've got so many care providers there [about collaborative teams and alternate funding]

Care providers cont'd

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- Budget is the widget, not the patient. And that's been my experience for a long time now in that I think... And I don't believe there's ever malice. Like I don't think people sort of say, well, we don't care about patient care. I think everybody... The early care is about the quality of care. But I think the pressures have skewed us, and it is all budget-focused economics. We have an economic system.

Potential Implications for Policy, Practice and Planning...and Research

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- Funding
- Promote IPE and IPP
- Education regarding relational care
- Education regarding culturally safe and appropriate practice
- Change management: the important role of nurses and midwives as change agents and leaders in health system transformation

Implications cont'd

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- Strategies and policies that embrace an intersectoral approach
- Options for pregnancy and birth care
- Service delivery designs that consider the full spectrum of women's and newborns' health needs
- Moving beyond tokenism---creating strategies and infrastructure for women and families to be central in processes...from discovery to delivery



Resources

- James Lind Alliance (UK): <http://www.lindalliance.org/>
- International Association for Public Participation (IAP2):
<http://iap2canada.ca/>
- Patient Voices Network (BC):
<https://www.patientsaspartners.ca/network>
- SPOR Maritime:
<http://www.spor-maritime-srap.ca/patients-and-public>
- National Voices (UK):
<http://www.nationalvoices.org.uk/evidence>
- Patient-Centered Outcomes Research Institute (PCORI) (US):
<http://www.pcori.org/>

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Thank you

aelliott@dal.ca

