

Standards

*for Youth Health Centres
in Nova Scotia*


NOVA SCOTIA

Health Promotion
and Protection



Standards

*for Youth Health Centres
in Nova Scotia*



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Standards for Youth Health Centers in Nova Scotia were developed using a participatory approach with broad involvement of stakeholders province wide. Youth involvement in the process was critical. Two high school students and one first year university student, all of whom had been, or were, very actively involved with the youth health centre in their high schools were involved in the process from start to finish. The other categories of representation on the task team included: Youth Health Centre Coordinators, Nova Scotia Youth Health Centre Evaluation Committee, District Health Authority, Mental Health, Academia, Youth Health Centre CAYAC Steering Committee, Lesbian, Gay, Bisexual Youth Project, School Board, Immigrant and Acadian populations. Representatives from the First Nations and the African Nova Scotia populations were contacted but did not participate in the process.

Standards reviewed approval from the provincial Children and Youth Action Committee (CAYAC) to proceed in April 2004. Approved in principle by the Department of Health, Health Systems Quality Committee May 2004. Revised June 2006.

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Additional copies of the Standards for Youth Health Centres in Nova Scotia may be obtained by contacting:

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Hear

4
times
a year.
PHARMACIA

4
What's Inside
Depo-Provera

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CONDOM ROOM
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• EXPIRY DATE

SOME ACT OF
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THE PACKAGE

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OPENING OF THE
CONDOM &
THROW IT AWAY

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CONDOM OFF
THE PENIS

AFTER THE GUY
WEARING THE
CONDOM EJACULATES,
HE HOLDS THE BASE
OF THE CONDOM &
PULLS OUT

SLIDE IT TO ONE
SIDE & CAREFULLY
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OPEN

WASH YOUR HANDS

WASH
DOWN
OF
PENIS

Introduction

Approximately 35 youth health centres operate throughout Nova Scotia, providing a wide range of health services and other supports to youth. An evaluation of 2-3 youth health centres in existence at that time in Nova Scotia was completed in 2003. The final evaluation report included analysis and recommendations in the areas of structure, operations and outcomes of youth health centres.

The evaluation report recommended that province-wide policies, standards and evaluation should be developed for youth health centres. In response to this recommendation, the Youth Health Centres Subcommittee of the Children and Youth Action Committee (CAYAC) was tasked with developing provincial system-level standards for youth health centres. A Standards Task Team was created to provide input into the standards development process. The Task Team had a diverse membership from across the province.

The Task Team met three times between February 18 and March 25, 2004, and this report represents the culmination of their work. The standards contained within are recommended for adoption in their entirety. The standards in all of the categories are necessary to ensure a consistent approach among youth health centres across the province.

The standards contained within are recommended for adoption in their entirety.



Rationale *for* the Standards

Background

The 2003 evaluation of youth health centres in Nova Scotia found that youth health centres currently in operation throughout the province operate in one or more of three roles: health promotion, primary health care services, and health education. Four major activities of youth health centers identified through the evaluation include providing health services, providing a youth-centred environment, providing opportunities for youth development and community involvement, and developing partnerships and networks. Participants in the evaluation agreed that youth health centres provide a focal point for youth to get professional advice and expertise on health-related matters.¹

Because the evaluation of youth health centres in Nova Scotia is a relatively new process, the 2003 evaluation did not provide evidence about the outcomes of youth health centres in Nova Scotia. The lack of outcome data specific to youth health centres is not unique to Nova Scotia; the literature has identified this as an area in need of more research. Despite the lack of outcome data, there is a considerable body of literature that documents the benefits of youth health centres. A systematic literature review conducted for the New Zealand Ministry of Health in 2002 reviewed 23 empirical

There is a considerable body of literature that documents the benefits of youth health centres.

The available evidence indicates that youth centered services are an important component of the primary health care system.

studies about youth-targeted primary care.ⁱⁱ

The review found that improved access to health care is linked to a reduction in risky behaviours, improved health status, and is an indicator of equity. Evidence links access to a regular source of primary care with improvement in health status. The literature review concluded that there is strong evidence that there is improved access to and utilization of primary care services for youth who have access to youth-specific services. Youth who particularly benefit from the enhanced access to youth-targeted services are youth who are socio-economically disadvantaged, female, and at-risk.

Research has also identified a number of factors that increase access for youth, which should be taken into consideration in the design of services for youth, including easy physical access, helpful care, trustworthy staff, confidentiality, good opening hours, comfortable atmosphere, youth-oriented and convenient.

Rationale

The available evidence indicates that youth centered services are an important component of the primary health care system. This fact combined with a strong message expressed by participants in the 2003 evaluation about the need for province-wide standards for youth health centres forms the rationale for the development of provincial, system-level standards for youth health centres in Nova Scotia.

Intent of the Standards

Creation of system wide standards for Youth Health Centres provides a framework upon which youth health centre policies, services and supports can be developed

and measured. these standards are intended to ensure that services and supports provided for youth are safe and confidential. The standards are intended to ensure a high quality of services, coordination, accessibility, proper qualifications of staff and volunteers, safe and comfortable environments for youth accessing services and supports, as well as clearly identifying the roles of the governance body in relation to accountability and quality management for the Youth Health Centres in Nova Scotia. The standards developed are those for which we are to strive.

Rationale for the Standards

The purpose of the standards in this document is to provide a:

- Framework to guide long-term improvement in youth health services
- Foundation for the implementation of new Youth Health Centres where necessary
- Point of reference for assessing gaps and provide direction for implementation of services to address these gaps
- Framework for accountability reporting by District Health Authorities as they work with community partners and the Department of Health Promotion and Protection to move toward meeting provincial standards that address current gaps.
- Standards will also promote consistency in service delivery across the province, while at the same time allowing the flexibility needed to reflect the varying capacities and needs of communities and organizations across the province.

*Standards
promote
consistency in
service delivery
across the
province*

Sexually Transmitted Diseases (STDs)

It can happen to you!

WITH AN STD YOU MAY HAVE

- Painful or bloody discharge from the penis or vagina
- A lump, sore, or other growth
- Swelling or itching in the genital area
- A fever
- Swollen glands in the neck

IF YOU ARE SEXUALLY ACTIVE

- You are at risk of contracting an STD
- You may have a sore, rash, or other symptoms
- You may have a lump or other growth
- You may have a fever
- You may have swollen glands in the neck

IF YOU ARE NOT SEXUALLY ACTIVE

- You are not at risk of contracting an STD
- You may have a sore, rash, or other symptoms
- You may have a lump or other growth
- You may have a fever
- You may have swollen glands in the neck

• Other people with STDs can have symptoms

THE RISKS FOR STDs

- Sexual activity, either vaginal or anal
- Oral sex
- Sharing needles
- Sharing sex toys
- Having sex with someone who has an STD
- Having sex with someone who has a partner who has an STD
- Having sex with someone who has a partner who has a partner who has an STD

LAST YEAR 15,000 YEAR OLDS IN OUR REGION HAD REPORTED CASES OF STDs

Chlamydia 100
Genital herpes 150
Genital warts 100
Gonorrhea 100
Human papillomavirus (HPV) 100
Syphilis 100



Responsibility *for* Implementation *of* Standards

Successfully implementing the standards for Youth Health Centres requires collaboration among community organizations, District Health Authorities, and government departments and agencies, in particular, the Department of Health Promotion and Protection.

The **Department of Health Promotion and Protection** is responsible for:

- Leadership (direction setting)
- Coordination
- Collaboration and partnership with government, service delivery, community and other partners
- Developing and/or adopting province-wide system standards
- Approving new and/or expanded services in principle
- Funding new and/or expanded services through the business planning process
- Monitoring and evaluation of standards
- Monitoring quality across the health system

Responsibility
for Implementation
of Standards

District Health Authorities are responsible for:

- Ongoing community assessment
- Implementation planning
- Collaboration and partnership with government and community partners
- Service delivery (direct service, contract or service agreement)
- Monitoring in accordance with provincial system standards
- Monitoring service quality
- Service evaluation
- Reporting as required

Community-based organizations are responsible for:

- Input to community assessment
- Participation in planning and implementation of standards
- Collaboration and partnership with government and other service delivery and community partners
- Direct service delivery as contracted by funding agent
- Reporting in accordance with requirements of funding agent
- Service evaluation

Philosophical Foundation *of the* Standards

The task team developed the standards based on three important philosophical foundations, which include:

- Definition of health
- Population health approach
- Youth-centred focus

Definition of Health

The concept of health has been broadened over the past century, from the narrow view of health as the absence of disease to a more inclusive concept, emphasizing social and personal resources as well as physical capabilities. The Task Team used a broad definition of health to frame discussions about youth health centres. The following definition from Health Canada was used:

“The population health approach recognizes that health is a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one’s goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The best articulation of this concept of health is ‘the capacity of people to adapt to, respond to, or control life’s challenges and changes’. ⁱⁱⁱ”

Health is the capacity of people to adapt to, respond to or control life’s challenges and changes.

Population Health Approach

The population health approach is one that addresses many factors related to health. These factors, sometimes called the determinants of health, include:

- Income and social status
- Healthy child development
- Social support networks
- Personal health practices
- Education
- Individual capacity and coping skills
- Employment and working conditions
- Gender
- Social and physical environments
- Health services
- Genetics
- Culture

A population health approach addresses many factors related to health.

Addressing the range of factors that influence health is called a population health approach. A population health approach:

- Considers the conditions that create health as well as the root causes of illness.
- Uses information from a variety of sources to assess the health of the population, identify priorities for action and develop strategies that improve health.
- Uses many different strategies to improve the health of the population.

- Recognizes that many partners need to work together to promote and sustain the health of the population.
- Provides members of the population with meaningful ways of participating in strategies to improve health.

Philosophical
Foundation of
the Standards

Key to addressing the factors that affect youth health is using a youth centred approach.

Youth-Centred Approach

The Task Team agreed that the standards would support youth health centres in using a youth-centred-approach. A youth-centred approach means that youth are engaged. Youth engagement is when youth meaningfully participate in all aspects of the youth health centre, including governance, program planning and implementation, evaluation, building partnerships, and communication. Youth health centres deliver programs and services in response to the needs and interests of youth. In addition to youth being involved and having a sense of ownership in youth health centres, literature suggests that there is a strong link between engagement and positive health outcomes. Engagement promotes and enhances self-efficacy.^{iv}

A truly youth centred environment enables young people to act as initiators and to share the decision making process with adults. Most importantly, engaged youth assure that the decisions made concerning youth health centres accurately reflect the needs of the young people they serve.^v

Youth engagement is when youth meaningfully participate in all aspects of the youth health centre.



Standards *for* Youth Health Centres

The standards for youth health centres are divided into the following categories:

1. Services
 2. Coordination
 3. Accessibility
 4. Staff and Volunteers
 5. Service Settings
 6. Governance and Accountability
 7. Quality Management
-



1. Services

Goal Statement

- 1.0. Youth receive a comprehensive range of services that address their health needs in a youth-centred manner.

Standard Statements

- 1.1. The range of services provided by youth health centres are:
 - 1.1.1. Based on on-going consultation (formal and informal) with youth, partner organizations and community members
 - 1.1.2. Based on current trends/evidence (example: literature reviews, statistics, expert opinion, community input)
 - 1.1.3. Based on youth needs, existing community resources and gap analysis
- 1.2. Youth health centres provide a range of services, determined by the processes identified in 1.1, which may include:
 - 1.2.1. Health promotion
 - 1.2.2. Health education
 - 1.2.3. Health counseling and support

Youth receive a comprehensive range of services.

Services

Services are youth-friendly, non-judgemental and confidential.

1.2.4. Clinical services

1.2.5. Referrals to other services

1.2.6. Building community capacity to promote youth health

1.2.7. Building youth leadership capacity in the work of the centre(s)

- 1.3.** Youth health centres have a defined target population.
 - 1.4.** The range of services are provided in a youth-friendly, non-judgmental and confidential manner.
 - 1.5.** Services are provided in a culturally competent manner.
 - 1.5.1. Providing bilingual and/or bicultural staff when required or requested
 - 1.5.2. Awareness of different cultures and lived experiences in the community
 - 1.5.3. Understanding the cultural contexts for behaviour and conditions;
 - 1.5.4. Providing written materials in other languages
 - 1.5.5. Providing targeted approaches and services.
-

2. Coordination

Goal Statement

- 2.0. Youth are supported in navigating through services and supports in their community to address their health in a timely manner.

Standard Statements

- 2.1. Youth health centres have documented procedures for referring youth to services that are not provided by the youth health centre.
- 2.2. Youth health centres *offer* follow-up with youth on referrals to ensure that the youth's needs were addressed through the referral.
- 2.3. Youth health centres provide the opportunity for assistance to youth in navigating through other community resources (e.g. applying for social assistance).
- 2.4. Youth health centres have documented procedures for sharing youth information that identifies of under what circumstances information may be shared.

Youth Health Centres support youth in navigating through health services and supports in their community.

3. Accessibility

Goal Statement

- 3.0** Youth in Nova Scotia have access to a network of youth centered health services in or near their community.

Standard Statements

- 3.1.** Youth health centres are easily accessible to youth. Consider:
- 3.1.1. Physical location and set up
 - 3.1.2. Hours of operation
 - 3.1.3. Months of operation
 - 3.1.4. Affordability and availability of transportation to the youth health centre
 - 3.1.5. Ability to visit the youth health centre during the day
- 3.2.** Youth health centres provide or arrange for services to youth out of school.
- 3.3.** Youth health centers are accessible to youth from across the spectrum of cultural diversity, which may include: race, language, culture, sexual orientation, gender identity, ability and other aspects of diversity.

Youth Health Centres address barriers to service access.

- 3.4. Youth health centres inform youth about how to access services elsewhere when the youth health centre is closed.
-

4. Staff & Volunteers

Goal Statement

- 4.0 Youth receive services from professionals and volunteers using a youth-centered approach.

Standard Statements

- 4.1. All employees providing health-related services at youth health centres have the necessary qualifications or licenses.
- 4.2. Services provided in the youth health centers are delivered using a youth-centered approach.
- 4.3. Employees of youth health centres are provided or supported with continuing education opportunities to update and enhance skills for continued competent service provision.
- 4.4. Youth health centres have documented personnel procedures that define staff job descriptions, qualifications, responsibilities and supervision of employees as well as performance management.
- 4.5. Youth health centres involve youth in their hiring process and the formal or informal performance review process.

Youth Health Centre professionals and volunteers use a youth centred approach.

Staff &
Volunteers

Youth health centres involve youth in their hiring and performance management processes.

- 4.6. Youth health centres ensure that all staff and volunteers who provide direct or one on one service to youth have passed a Child Abuse Register check and a criminal records check.
 - 4.7. Youth health centres have documented procedures for volunteer recruitment, selection, on-going monitoring and supervision.
-

5. Service Settings

Goal Statement

- 5.0.1** Youth receive services within safe and confidential settings.
- 5.0.2** Youth receive services within youth-centred settings.
- 5.0.3** Staff and volunteers of youth health centres work in safe settings.

Standard Statements

- 5.1.** Youth health centres involve youth in planning for the physical appearance of the youth health centre.
- 5.2.** The physical appearance of the youth health centre conveys that the centre is culturally relevant to the youth it serves (i.e. reflecting: race, ethnicity, language, culture, sexual orientation, gender identity, ability, spirituality and other aspects of diversity). Examples include having pictures, posters, artwork and other décor that reflect the diverse youth culture as well brochures, magazines, videos and other media resources that reflects literacy levels and range of cultures in the youth population.

Youth receive services within safe and confidential settings.

Service Settings

- 5.3.1** Youth health centres provide services to youth in physical settings that:
 - 5.3.1.1. Comply with Building Code Act
 - 5.3.1.2. Comply with the Fire Safety Act
 - 5.3.1.3 Comply with the Occupational Health and Safety Act
 - 5.3.2.** Youth health centres provide areas of privacy within the centre to create a confidential setting.
 - 5.4.** Youth health centres follow provincial infection control guidelines as outlined in the provincial Communicable Disease Control Manual.
-

6. Governance & Accountability

Preamble

It is the intention of these standards that each youth health centre be governed by a multi-partner Steering Committee. In certain circumstances, one Steering Committee may govern several youth health centres. In addition to the Steering Committee, which is the governing body, every youth health centre has an Advisory Committee which provides advice about the operation of the centre. Unlike the Steering Committee which may be associated with several youth health centres, the Advisory Committee is unique and specific to each individual youth health centre.

Goal Statement

- 6.0.1** Youth health centres are managed under a collaborative governance model.
- 6.0.2** Youth health centres are accountable to the youth, funders, partners and the communities that they serve.

Youth health centres have a collaborative governance model.

Standard Statements

The centre-specific committee includes a majority youth membership.

- 6.1.** Youth health centres have written partnership agreements which may include:
 - 6.1.1. Roles and responsibilities of partners (including rent, maintenance costs, insurance, the provision of office furniture and equipment, data ownership, etc.)
 - 6.1.2. Processes for coordinating services and decision making supports for youth
 - 6.1.3. communication strategies
 - 6.1.4. Issue identification and conflict resolution processes.

If the youth health centre is based in a community setting, the agreements with partners may also include support for community capacity building for a youth-centered approach.

- 6.2.** Each YHC has a centre-specific committee that must include:
 - 6.3.1. A majority youth membership; and
 - 6.3.2. Youth health centre staff.
 - 6.3.** The centre-specific committee is reflective of, or has a plan to be reflective of, people across the spectrum of cultural diversity—race, ethnicity, language, culture, sexual orientation, gender identity, ability, and all other aspects of diversity.
 - 6.4.** The centre specific committee is reflective of, or has a written plan to be reflective of, people across the spectrum of cultural diversity – race, ethnicity, language, culture, sexual orientation, gender identity, ability, spirituality and other aspects of diversity.
-

7. Quality Management

Goal Statement

- 7.0. Youth receive confidential, cost effective and efficient services through youth health centres.

Standard Statements

- 7.1. Youth health centres implement program and service evaluation process. Youth participate in program and service evaluation processes (examples: providing feedback on health promotion activities or sessions, filling out satisfaction surveys, informal discussion on program improvement, etc.).
- 7.2. Youth health centres have a written procedure for record keeping and documentation for youth visits.
- 7.3. YHC records (electronic and paper) are kept confidential and secure, in compliance with the Privacy Act.
- 7.4. Youth health centres require youth to sign a consent form in order to release their records.
- 7.5. Youth health centres have documented policies and procedures on confidentiality which comply with the Children and Family Services Act & the Health Act.

Services are confidential, cost-effective and efficient

7.6. Youth health centres participate in provincial evaluations.

Youth health centres implement a continuous quality improvement plan.



End Notes

- i Collins Management Consulting and Research Ltd. (2003). An Evaluation of Youth Health Centres in Nova Scotia: Phase 3 Report.
- ii Mathias, K. (2002). Youth-specific primary health care – access, utilization and health outcomes: A critical appraisal of the literature. New Zealand Health Technology Assessment Report, 5(1): 1-97.
- iii Health Impact Assessment as a Tool for Population Health Promotion and Public Policy by C.J. Frankish et al., Institute of Health Promotion Research, University of British Columbia, Vancouver: 1996
- iv Centre of Excellence for Youth Engagement (2003). Youth engagement health outcomes: Is there a link? Retrieved March 31, 2004, from <http://www.tgmag.ca/centres>
- v NSW Commission for Children and Young People. Research and Resources about participation. <http://www.kids.nsw.gov.au/files/tpsresources.pdf>





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NOVA SCOTIA

Health Promotion
and Protection

Public Health Services

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