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## Public Health Nursing: Primary Prevention of Premature Chronic Disease

**6<sup>th</sup> National Community Health Nurses Conference**  
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- CHNC Project Team
- Dr. Ardene Robinson Vollman
- PHN Experts
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## CHNC Project Team

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**Public Health Nurse Experts**  

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**Expert Group**

Diane Boswell (PEI)	Carol MacDougall (ON)
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**Chronic Diseases: A Population Health Issue**  

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- Major chronic diseases are cardiovascular diseases, diabetes, cancer, and chronic respiratory disease
- 75% of all deaths
- 40% of chronic diseases are preventable
- 42% of direct medical costs are attributable to chronic diseases
- 25% of direct medical costs are attributable risk factors
- 65% of indirect costs associated chronic diseases related to loss of productivity

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**Project Purpose**  

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- identify best and promising comprehensive and integrated public health nursing practices directed at chronic disease prevention.

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**Common Definitions** 

- **Primary prevention** refers to actions that prevent disease from occurring and reduce its incidence.
- **Secondary prevention** involves early detection of disease that can minimize or interrupt its progression and thereby prevent irreversible damage.
- **Tertiary prevention** refers to the control of a disease that has already developed, slowing its progress and reducing the resultant disability.

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**Common Definitions cont.** 

**Comprehensive Approaches**

- Address the leading causes of death and disability
- Address the major risk factors
- Recognize health disparities and their predisposing factors
- Reach the general and high-risk populations
- Use a settings approach to reach people where they can be found

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**Common Definitions cont.** 

**Integrated Approaches**

- Are more about process than scope
- Provide opportunities for programs to work together, promote collective thinking and problem solving, and support working together in new ways so that the impact of all programs is improved

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**Methods** 

- Review of research and grey literature and hand search
- Inclusion-exclusion criteria
  - Interventions by PHNs, other disciplines and sectors
  - Location of intervention (Canada preferred)
  - Intervention addressed a determinant of health
  - Alignment with one Ottawa Charter approach
  - Health conditions & risk factors addressed
  - Evaluation of project
- 4 focused dialogues with PHN experts N= 15 from 8 provinces/territories

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**Key Findings** 

*Literature review*

Public health nurses use:

- mostly “traditional individual health education activities” (Richard et al., 2010) and secondary prevention focused more on risk factors than by disease entity
- foundational public health practice roles

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**Key Findings cont.** 

- Public health nurses use:
  - population focused, inter-disciplinary program planning, intervention and evaluation recognizing leadership, coordination, partnerships, cultural sensitivity, and theory application
  - various Ottawa Charter approaches

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**Key Findings cont.** 

Interventions are:

- multifaceted
- targeted to a condition and risk factor or generally
- in multiple settings
- integrating built environment approaches

**There was a paucity of research and documentation of PHN health promotion and disease prevention interventions.**

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**Key Findings cont.** 

***Focused Dialogue with PHN leaders identified:***

- Variety of funding structures (public health and program streams)
- Extreme national intervention variations (individual to policy)
- Need to move to more population health approaches
- Often integrated partnerships with other disciplines leading to invisible practice
- Inadequate reporting of nursing practice
- Use of other terminology
- Synergistic dynamic resulted in an unintended integrated approach

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**Key Findings cont.** 

***Focused Dialogue with PHN leaders identified:***

- PHNs are very well suited for the CD prevention given nursing and public health knowledge and relational collaborative capacity
- Many challenges related to PHN and PH like inadequate resources, limited capacity, reduced funding, system issues, poor role definition, limited professional development, inadequate program evaluation
- Several CD prevention interventions but didn't meet the inclusion criteria for comprehensive and integrated

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### Best and Promising Practices

**GNC** **ECC**

- Breastfeeding Support/*The Baby Friendly Initiative* (BFI)
- Comprehensive School Health Initiatives

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### Proposed Chronic Disease Prevention Framework Components

**GNC** **ECC**

Population Based Focus

Community Action      Healthy Public Policy

Settings and Contexts

Partnerships and Collaboration

Evidence Based

Development of Personal Skills      Supportive Environments

Re-orientation of Health Resources/Service

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### KEY MESSAGE

**GNC** **ECC**

Regardless of no chronic disease prevention framework for public health nurses exists, PHNs do play an important role in the development, implementation and evaluation comprehensive integrated interventions that address the social determinants of health.

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## Recommendations



1. CHNC needs to partner with PHAC to develop a *National Framework for Chronic Disease Prevention* for public health nurses.
2. Public health nurses should:
  - Adjust their language to better reflect the chronic disease prevention work they are doing
  - Publish the results of their work
  - Advocate for; and continue to participate in chronic disease prevention activities
  - Use the Canadian Community Health Nursing Standards of Practice and PH discipline specific competencies

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