



Welcome message from the CHNC President

On behalf of the Community Health Nurses of Canada (CHNC,) it is my pleasure to welcome you to Toronto for the 4th National Community Health Nurses Conference.

The CHNC is happy to partner with the Community Health Nurses Interest Group for the third time to bring to you what has become, in just four years, a successful and highly regarded education and networking event for community health nurses from across the country.

The theme of this year's conference, "Knowledge to Action," is symbolic of the maturation process we have experienced in planning education events for you. The first year we "Mapped the Future," then "Shaped the Future," and last year in Calgary we "Blazed the Trail." This year we strive to learn to move from knowing to acting and creating change, using the fundamental skills of community health nursing: engaging and being engaged; enabling and being enabled; inspiring and being inspired.

A huge thank you goes out to the many community health nurses from CHNC and CHNIG for the countless volunteer hours spent planning and coordinating this conference. Your dedication has paid off ... congratulations for creating an excellent event.

A fundamental value of the CHNC, as stated in our constitution, is to provide a forum for community health nurses to communicate more effectively, discuss common concerns, to share knowledge and expertise on a national basis. We are so pleased you chose to join us at this year's conference. We look forward to learning with you over the next two days.

Message de bienvenue de la présidente de l'IISCC

Au nom de l'association Infirmières et infirmiers en santé communautaire du Canada (IISCC), j'ai le plaisir de vous accueillir à Toronto à l'occasion de la 4e Conférence nationale des infirmières et infirmiers en santé communautaire.

L'IISCC est heureuse de collaborer pour la troisième fois avec le Community Health Nurses Interest Group pour vous présenter ce qui est devenu, en seulement quatre ans, un événement fructueux et hautement respecté d'échanges et de formation à l'intention des infirmières en santé communautaire de toutes les régions du Canada.

Le thème de la conférence de cette année, « De la théorie à la pratique », symbolise le processus de maturation de notre planification d'activités éducatives pour vous. La première année nous avons « Cartographié l'avenir », puis nous avons « Façonné l'avenir » et l'an dernier à Calgary nous avons « Posé nos jalons ». Cette année nous nous efforçons d'apprendre comment passer de la connaissance à l'action et d'apporter un changement, en employant les compétences fondamentales des soins infirmiers en santé communautaire : Engager et être engagé; guider et être guidé; inspirer et être inspiré.

Un immense merci aux très nombreuses infirmières en santé communautaire de l'IISCC et du CHNIG qui ont généreusement contribué d'innombrables heures de travail à la planification et à la coordination de cette conférence. Votre dévouement a porté fruit... toutes mes félicitations pour l'organisation d'un excellent événement.

Une valeur fondamentale de l'IISCC, énoncée dans notre constitution, est d'offrir une tribune aux infirmières et infirmiers en santé communautaire où ils peuvent communiquer plus efficacement, discuter de leurs préoccupations communes, partager leurs connaissances et leur expertise et ce à l'échelle nationale. Nous sommes très heureuses que vous ayez choisi de vous joindre à nous à la conférence de cette année. Nous sommes enthousiastes à l'idée d'apprendre avec vous au cours des deux prochaines journées.

A handwritten signature in black ink, appearing to read 'K Thompson'.

Kate Thompson
President, CHNC
Présidente, IISCC



From the Community Health Nurses Initiatives Group president

The Community Health Nurses Initiatives Group (CHNIG) of the Registered Nurses Association of Ontario (RNAO) is delighted to be collaborating with the Community Health Nurses of Canada to host the 4th National Community Health Nursing Conference.

On behalf of CHNIG, I would like to extend a warm welcome to the conference. CHNIG's mission is to act as the voice of Community Health Nurses influencing the health care system, health and social policy in areas which affect the work of community health nurses and the public we serve.

This vibrant conference enables our work by providing an opportunity to learn from excellent speakers about current research, education, practice, administration and policy related to community health nursing. I know you will learn concrete and practical strategies to build the future. I look forward, with you, to exploring the conference theme of **Knowledge to Action: Engage, Enable and Inspire**.

I would like to take this opportunity to thank all the many volunteers and CHNIG executive members who worked so diligently to ensure the success of this conference. It has been a privilege to work with you all. I wish you all a very enjoyable and stimulating experience as you network with colleagues, build new partnerships, and get inspired about being a community health nurse!

De la présidente du Community Health Nurses Initiatives Group

Le groupe Community Health Nurses Initiatives Group (CHNIG) de l'Association des infirmières et infirmiers autorisés de l'Ontario (RNAO) est très heureux de collaborer avec Infirmières et infirmiers en santé communautaire du Canada pour accueillir la 4e Conférence nationale des infirmières et infirmiers en santé communautaire.

Au nom du CHNIG je vous souhaite la bienvenue à la conférence. La mission du CHNIG est d'être la voix des infirmières en santé communautaire en vue d'influencer le système de soins de santé et les politiques sociales et sanitaires dans les domaines qui affectent le travail des infirmières en santé communautaire et le public que nous servons.

Cette conférence dynamique nous permet d'accomplir ce travail en nous donnant l'occasion d'apprendre directement d'intervenants clés les plus récents développements dans les domaines de la recherche, de la formation, de la pratique, de l'administration et des politiques relatives aux soins infirmiers en santé communautaire. Je sais déjà que vous allez apprendre des stratégies concrètes et pratiques pour façonner notre avenir. J'ai hâte d'explorer avec vous le thème de la conférence **De la théorie à la pratique : Engager, guider et inspirer**.

Je tiens à profiter de cette occasion pour remercier tous les nombreux bénévoles et les membres de l'exécutif du CHNIG qui ont travaillé sans répit pour garantir le succès de cette conférence. Je vous souhaite à toutes et tous une expérience stimulante et mémorable alors que vous rencontrez vos collègues, nouez de nouveaux partenariats et renouvez votre enthousiasme en tant qu'infirmière ou infirmier en santé communautaire!

A handwritten signature in black ink, appearing to read 'Katie Dilworth'.

Katie Dilworth
President, CHNIG
Présidente, CHNIG

A message from the Conference Co-Chairs

As conference co-chairs we are pleased to welcome you to the 4th National Community Health Nurses Conference. This year, the conference is being offered through collaboration between the Community Health Nurses of Canada (CHNC) and the Community Health Nurses Initiative group (CHNIG).

This year's theme: *Knowledge to Action: Engage, Enable, Inspire*, builds on the incredible successes of previous conferences which 'blazed our trail' with the dissemination of current research in community health nursing. Now is the time to put that knowledge into action.

Informative sessions at the conference include more than 70 speakers, 6 Networking Cafes, 40 roundtable discussions and 20 poster presentations on topics relevant to community health nurses across Canada whether you work in public health, home health, or other community health settings. Learn from experts in the fields of research, education and practice, administration and policy. You will discover solutions to complex community health nursing issues with dialogue and discussion on best practice from across the country. All this, while you network and build partnerships with community health nurses who share similar issues and challenges.

Pre-conference sessions on important topics such as communities of practice, determinants of health and evidence informed decision making are being held. It has never been so important to incorporate **Knowledge to Action**, by **engaging** nurses with others in knowledge exchange, **enabling** evidence informed practice, and **inspiring** excellence.

It is with great pleasure that we welcome you to the conference. You will have a unique experience that will be educational and uplifting. Help us celebrate and promote all that is good with the profession of Community Health Nursing and get inspired and excited about being community health nurses!

Un message des co-présidentes de la Conférence

Nous avons le plaisir, à titre de co-présidentes de la Conférence, de vous accueillir chaleureusement à la 4e Conférence nationale des infirmières et infirmiers en santé communautaire. Cette année, la conférence est le fruit d'une collaboration entre l'association Infirmières et infirmiers en santé communautaire du Canada (IISCC) et le Community Health Nurses Initiative Group (CHNIG).

Le thème de cette année : *De la théorie à la pratique : Engager, guider, inspirer*, tire parti du succès incroyable des trois conférences précédentes qui ont « posé nos jalons » avec la diffusion des toutes dernières recherches à propos des soins infirmiers en santé communautaire. Il est maintenant temps de traduire ces connaissances en action.

Les séances instructives de la conférence présentent plus de 70 conférenciers, 6 cafés-réseaux, 40 discussions en table ronde et 20 présentations d'affiches sur des thèmes pertinents à la santé publique, aux soins à domicile et aux infirmières en santé communautaire partout au Canada. Écoutez des spécialistes des domaines de la recherche, de l'éducation, de la pratique, de l'administration et des politiques. Nous trouverons des solutions aux problèmes complexes associés aux soins infirmiers en santé communautaire lors de dialogues et discussions sur les pratiques exemplaires partout au pays. Tout cela alors que nous rencontrons des infirmières en santé communautaire qui font face aux mêmes problèmes et défis que nous et établissons avec elles des partenariats.

Des ateliers pré-conférence traitant de sujets importants, notamment les communautés de pratique, les déterminants de la santé et la prise de décision fondée sur des données probantes, sont offerts. Il n'a jamais été plus important de passer **de la Théorie à la pratique**, en **engageant** les infirmières dans des échanges de connaissances avec des collègues, en les **guidant** pour fonder leur pratique sur des données probantes et en les **inspirant** à atteindre l'excellence.

C'est un grand plaisir pour nous de vous souhaiter la bienvenue à la conférence. Nous allons avoir une expérience mémorable, éducative et stimulante. Aidez-nous à célébrer et à promouvoir tous les aspects positifs de la profession infirmière en santé communautaire et venez profiter de l'inspiration et de l'enthousiasme au sujet de votre rôle d'infirmière ou d'infirmier en santé communautaire.

Cordialement,



Claire Betker, RN, MN, CCHN(C)
Conference Co-Chair
Co-présidente de la Conférence



Kate Dilworth, RN, MHSc CCHN(C)
Conference Co-Chair
Co-présidente de la Conférence



Premier of Ontario - Premier ministre de l'Ontario

Jun 16 – 18, 2010

A PERSONAL MESSAGE FROM THE PREMIER

On behalf of the Government of Ontario, I am delighted to extend warm greetings to delegates attending the fourth National Community Health Nurses of Canada Conference.

Nurses are indispensable to our health care system. At every hour of the day and night, nurses are working hard to make a real difference in the lives of patients and their families. Community health nurses play a leadership role in ensuring public health through a range of interventions — from illness prevention and health promotion to delivering frontline health care to vulnerable populations. My colleagues and I greatly appreciate the hard work, expertise and dedication that these highly skilled nurses demonstrate every day in promoting, protecting and preserving the health of individuals, families, groups, communities and populations across our province, and our country.

This event gives community nursing professionals from across Canada the chance to exchange knowledge, share experiences and network with colleagues from coast to coast. I commend everyone in attendance for your dedication to enhancing the work of this specialized branch of the nursing profession — and to ensuring the health and well-being of Canadians.

Please accept my best wishes for a highly successful conference.

A handwritten signature in black ink, reading "Dalton McGuinty".

Dalton McGuinty
Premier

Mayor
DAVID MILLER



A Message from the Mayor

It gives me great pleasure to extend greetings and a warm welcome to everyone attending the 4th National Conference hosted by the Community Health Nurses of Canada (CHNC).

CHNC, an associate member of the Canadian Nurses Association is a voluntary association of community health nurses that provides a unified national voice that represents and promotes community health nursing and the overall health and well-being of communities.

Today's conference will host individuals from the health profession and will provide a forum that will explore issues such as nursing practice, research, administration, policy and education. It will also present a forum for the exchange of knowledge and ideas and solutions to matters that affect the health industry, thereby raising the performance level of those directly involved in this profession.

On behalf of Toronto City Council, I wish everyone an informative meeting and best wishes for continued success.

Yours truly,

A handwritten signature in black ink that reads "David Miller". The signature is written in a cursive, flowing style.

Mayor David Miller

Planning Committee 2010/2010 Comité de planification

Conference Co-Chairs/ Co-présidentes de la Conférence

Claire Betker – Manitoba
Katie Dilworth – Ontario

Sponsorship & Marketing Committee/ Comité de parrainage et de marketing

Maryann Kusmirski, Chair – Alberta
Kim Dalla Bona – Ontario
Cheryl Reid-Haughian – Ontario
Jennifer Tonn – Ontario
Charlene Bain – Ontario
Tracy Lovett – Nova Scotia
Katie Dilworth – Ontario

Finance Committee/ Comité des finances

Annette Sonneveld, Co-Chair – Ontario
Anne Clarotto, Co-Chair – British Columbia
Maryann Kusmirski – Alberta
Evelyn Butler – Ontario
Claire Betker – Manitoba
Katie Dilworth – Ontario

Program Committee/ Comité du programme

Irene Holubiec, Chair – Ontario
Ruth Schofield – Ontario
Rebecca Ganann – Ontario
Cathy Goring – Ontario
Nan Clark – Ontario
Maureen Cava – Ontario
Janet Purvis – Nova Scotia
Joan Reiter – British Columbia
Karen Milley – Newfoundland
Claire Betker – Manitoba
Yvette Laforêt-Fliesser – Ontario
Pam Boyer – Ontario

Hospitality Committee/ Comité d'accueil

Marlene Slepko, Chair – Ontario
Barbara Kennedy – Ontario
Leanne Siracusa – Ontario
Mary Lachapelle – Ontario
Cori Watson – Ontario
Bea McDonough – Ontario
Karen Curry – Nova Scotia

Abstract Reviewers/ Examinatrices des résumés

Irene Holubiec – Ontario
Ruth Schofield – Ontario
Cathy Goring – Ontario
Nan Clark – Ontario
Maureen Cava – Ontario
Janet Purvis – Nova Scotia
Joan Reiter – British Columbia
Karen Milley – Newfoundland
Claire Betker – Manitoba
Yvette Laforêt-Fliesser – Ontario
Kim Dalla Bona – Ontario
Cheryl Reid Haughian – Ontario
Katie Dilworth – Ontario
Leanne Siracusa – Ontario
Sylvia Loewen – Alberta
Barb Farmer – Nova Scotia
Karen Curry – Nova Scotia
Anne Lebans – New Brunswick
Lorraine Telford – Ontario

GENERAL INFORMATION

Registration/Information Desk

The Registration/Information desk will be open as follows:

Wednesday June 16	12:00pm - 7:00pm Concourse Checkroom
Thursday June 17	7:00am – 6:00pm Vide Foyer
Friday June 18	7:00am – 4:00pm Vide Foyer

Badges

Delegates, speakers and exhibitors must wear their identification badges at all times to gain admission to the Conference sessions and Exhibit Hall. In the event that your badge is lost or misplaced, a replacement may be obtained at the Registration/Information desk during published hours.

Cell phones and Pagers

Please mute or turn off PDAs, cell phones, pagers etc. during presentations.

Medical Emergencies

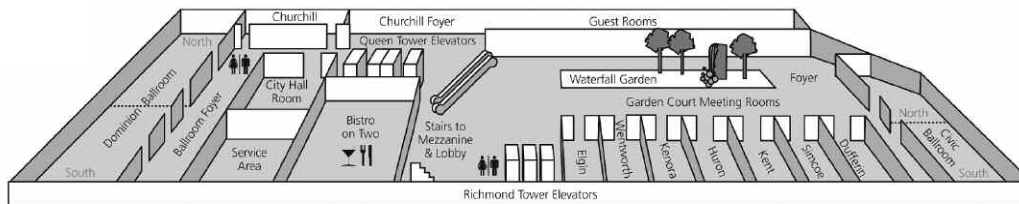
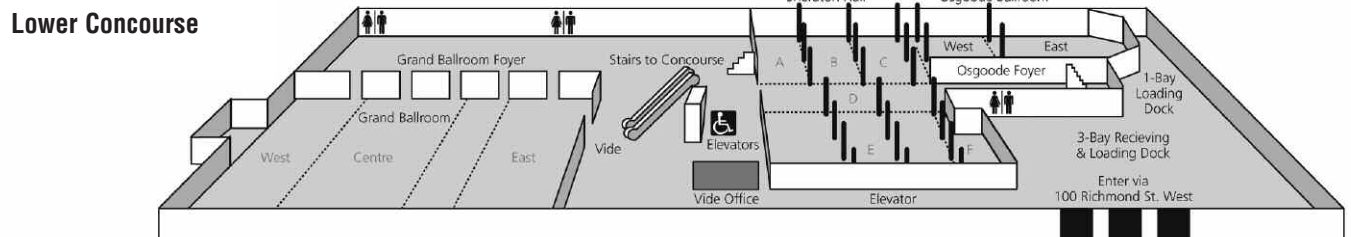
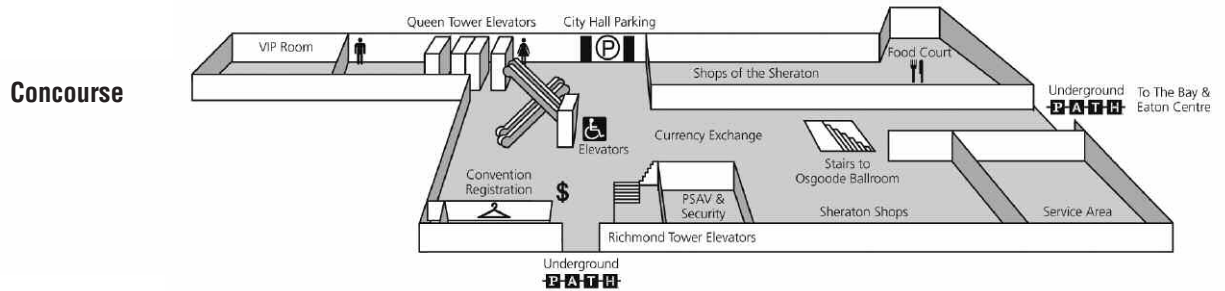
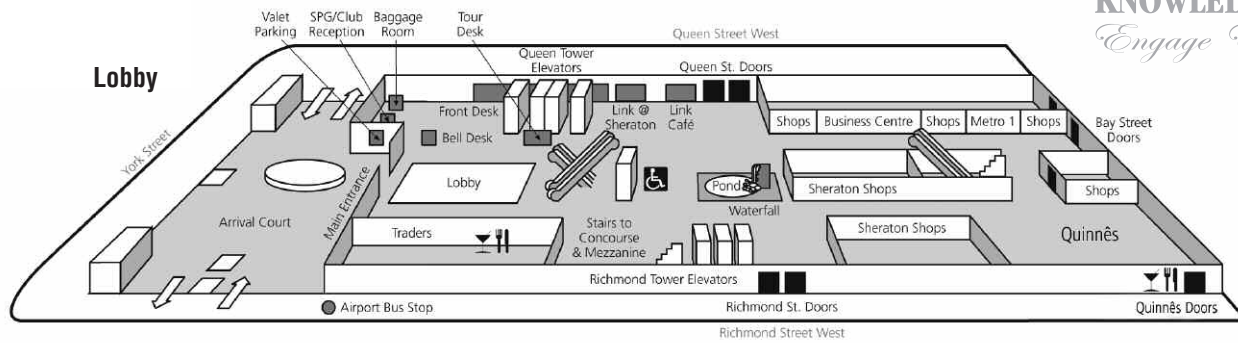
If you should experience an emergency situation, please contact the Registration/Information desk, or dial 0 from the nearest house phone.

Dress

Dress code for the Conference is business casual.

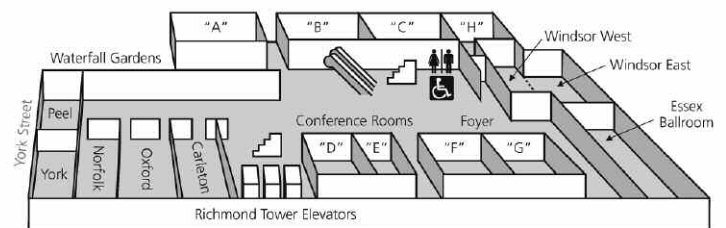
Program Changes

Any last-minute changes will be available as an addendum at the Registration desk.



Second Floor

Mezzanine



RENSEIGNEMENTS GÉNÉRAUX

Bureau des inscriptions et des renseignements

Le bureau des inscriptions et des renseignements sera ouvert aux heures suivantes :

Mercredi 16 juin	12 h à 19 h
	Vestiaire dans le hall
Judi 17 juin	7 h à 18 h
	Foyer Vide
Vendredi 18 juin	7 h à 16 h
	Foyer Vide

Insignes

Les délégués, conférenciers et exposants doivent porter leur insigne d'identification en tout temps pour avoir accès aux séances de la conférence et à la salle des expositions. Au cas où vous perdiez ou égariez votre insigne, vous pouvez obtenir un

insigne de remplacement au bureau des inscriptions et des renseignements durant ses heures d'ouverture.

Téléphones cellulaires et téléavertisseurs

Veillez mettre en sourdine ou éteindre vos PDA, téléphones cellulaires, téléavertisseurs, etc., pendant les présentations.

Urgences médicales

En cas d'une situation d'urgence, veuillez contacter le bureau des inscriptions et des renseignements, ou composez le 0 depuis le téléphone interne le plus proche.

Tenue vestimentaire

L'habillement pour la conférence est en « tenue de ville ».

Changements au programme

Tout changement de dernière minute sera signalé sous forme d'addenda distribué au bureau des inscriptions.


PROGRAM-AT-A-GLANCE/ APERÇU DU PROGRAMME

Wednesday June 16th / Mercredi 16 juin

Time/ Heure	Event/ Événement	Location/ Lieu
12:00pm – 7:00 pm	Registration/Information Desk Opens Inscription/Bureau des renseignements ouvert	Concourse Checkroom
1:00 pm – 5:00 pm	Pre-Conference Workshops All pre-conference workshops require a separate ticket when registering ----- Ateliers pré-conférence <i>Tous les ateliers pré-conférence seront tenus en anglais</i> Tous les ateliers pré-conférence exigent un billet séparé lorsque vous vous inscrivez.	
	100 - An Introduction to 'Developing Leadership Skills for a Community of Practice': The CHNC Online Education Package Hosted by: Community Health Nurses of Canada Facilitators: Liz Diem, RN, BScN, MSc, PhD and Alwyn Moyer RN, BScN, MScN, PhD This three hour workshop will demonstrate the components of a new CHNC online education package that builds on a research project funded by the Public Health Agency of Canada. Participants will learn 1) the benefits and costs to individuals and organizations of using a community of practice (CoP) for professional education and knowledge exchange 2) how the modules in the educational package support CoP leadership development; and 3) how the education package might be integrated into professional development. Participants will also learn about new resources on chronic disease prevention and self management that were developed during the project and receive a copy of the Personal Health Passport.	Conference B
	200 - Unpacking the Canadian context for the determinants of health: what do we really mean by 'Culture'? Hosted by: National Collaborating Centre for Determinants of Health (NCCDH) Primary Presenter: Dr. Verlé Harrop, Senior Scientist, NCCDH This workshop is part of a national discourse designed to engage front line practitioners in a conversation about the nature and use of the determinants of health in addressing the health and well-being of Canadians. The workshop will start with a panel comprised of a historian, cultural anthropologist, and film maker, tasked with exploring one of the most elusive of the determinants, 'Culture', and its relationship to health and well-being. Subsequent to the panel discussion and question period, workshop participants will be invited to form small groups where they will be given, what the MIT Media Lab refers to as, "an object to think with". These objects d'arts/tools will help participants parse out and reflect on the many faceted dimensions that the determinant 'Culture' affords.	Conference C
	300 - Evidence-Informed Decision-Making in Community Health Nursing Hosted by: National Collaborating Centre for Methods and Tools Presenters: Donna Ciliska, RN, PhD, Professor, School of Nursing, McMaster University and Scientific Director, National Collaborating Centre for Methods and Tools; Rebecca Ganann, RN, MSc, PhD (student)Lecturer & Research Coordinator, School of Nursing, McMaster University Purpose: To demonstrate the overall process of evidence-informed decision-making in community health and how to find and apply the best available research evidence in program planning and nursing interventions. Objectives: Participants will learn to: 1. describe the steps involved in evidence-informed practice, and apply this process to a practical scenario; 2. construct a relevant, answerable question from a practical situation;	Conference F

Time/ Heure	Event/ Événement	Location/ Lieu
	<ol style="list-style-type: none"> 3. identify sources of high quality relevant research, in particular, the pre-appraised literature; 4. integrate research evidence with other important factors that contribute to decision-making (e.g., resources/costs, political will, community acceptability, etc.) using a tool to determine the applicability and transferability of study findings; and 5. consider what factors need to be included in a plan to implement and evaluate the decision made. 	
	<p>400 - Integrating the Public Health Nursing Competencies into Practice</p> <p>Hosted by: British Columbia Nurses Union, Fraser Health Authority, London Middlesex Health Unit, Community Health Nurses of Canada and Public Health Agency of Canada. Presenters: Allyn Whyte, RN, BSN, MEd, CCHN(C) & Heather Lokko, RN, BScN, MPH(c), CCHN(C)</p> <p>Come explore projects that integrate the Public Health Nursing (PHN) Discipline Specific Competencies Version 1.0 into practice! Project overviews, successes, challenges, principles and strategies will be shared. The first project, “Strengthening Your Professional Identity: Embracing the Public Health Nursing Competencies”, has been collaboratively funded by the Public Health Agency of Canada (PHAC), the British Columbia Nurses Union, and the Fraser Health Authority. Frontline PHNs, who are being introduced to the competencies as a framework to examine learning, personal leadership and ongoing professional development, are also involved in the planning, implementation and evaluation process. The second project, “Public Health Nurse Performance Evaluation: Integrating PHN Core Competencies and the Performance Management Process”, has been funded by the Middlesex-London Health Unit in Ontario and PHAC. Building on previous work with the Community Health Nursing Standards of Practice, collaborative efforts have led to the development of a performance evaluation tool based on the PHN Discipline Specific Competencies and the Competency-Based Performance Management Toolkit for Public Health. Validation and evaluation of the tool is underway.</p>	Wentworth
	<p>500 - Strengthening Advocacy and Social Justice in Community Health Nursing</p> <p>Hosted by: Community Health Nurses of Canada, Political Action and Advocacy Standing Committee Presenters: Benita Cohen, University of Manitoba; Joyce Douglas, CNA; Lynn Ann Mulrooney, RNAO</p> <p>Community Health Nurses require knowledge and skills to engage in strategies which address social justice and health equity issues. This preconference session, presented in partnership with the Canadian Nurses Association and the Registered Nurses Association of Ontario, will focus on assisting participants to advance their skills related to political action and advocacy. The interactive workshop will help you learn to use the Canadian Nurses Association Social Justice Framework as a tool to understand and critique social justice issues that impact the health of communities and the people who live in them.</p>	Kenora
	<p>600 - Skills Enhancement for Public Health: Skills Online; Competency-based, Continuing Education for Public Health Practitioners</p> <p>Hosted by: Public Health Agency of Canada Presenters: Karen MacDougall, National Evaluation Coordinator, Skills Enhancement for Public Health, Public Health Agency of Canada & Jennifer Lowe, National Core Competencies Coordinator, Skills Enhancement for Public Health, Public Health Agency of Canada</p> <p>Being able to understand and use health information is the foundation for effective public health practice in Canada. The Public Health Agency of Canada’s <i>Skills Enhancement for Public Health: Skills Online</i> continuing education program provides public health practitioners across Canada with the opportunity to develop and strengthen their public health core competencies.</p> <p><i>Skills Online</i> provides continuing, professional education opportunities for public health practitioners that may otherwise be unobtainable or unaffordable. The core component of the program is a series of distance-learning, Internet-based continuing education modules in both English and French.</p>	Kent Room

Time/ Heure	Event/ Événement	Location/ Lieu
	This interactive workshop will provide front line public health practitioners and managers with an overview of this web-based professional continuing education opportunity and will demonstrate the interactive features of the program. Workshop participants will have the opportunity to gain hands-on experience with the online modules, as well as experience what it is like to learn within an online environment.	
5:00 pm – 6:30 pm	Dinner on Own Souper libre	
6:30pm – 8:00pm	CHNC Annual General Meeting Assemblée générale annuelle de l'IISCC	Grand East Large
8:00 pm – 9:30 pm	Welcome Reception “Flavours of the World” Welcome Reception hosted by CHNC and CHNIG. The conference co-chairs and planning committee invite you to start the conference off with the opportunity to renew your connections (or establish new ones) with your CHN colleagues from across Canada. Enjoy flavours of the World and be inspired by sharing your passion for Community Health Nursing. ----- Réception inaugurale « Saveurs du monde » Réception inaugurale organisée par l'IISCC et le CHNIG. Les co-présidentes de la Conférence et le comité de planification vous invitent à inaugurer la conférence et à profiter de l'occasion pour renouer avec vos collègues de partout au Canada ou pour établir avec eux de nouvelles relations. Dégustez les saveurs du monde et partagez avec d'autres votre enthousiasme pour les soins infirmiers en santé communautaire.	Osgoode Ballroom
Thursday June 17th/Jéudi 17 juin		
7:00 am – 6:00 pm	Registration/Information Desk Opens Inscription/Bureau des renseignements ouvert	Vide Foyer
8:15 am – 8:45 am	Opening Ceremonies Cérémonies d'inauguration	Grand East Large
8:45 am – 9:45 am	Keynote Address <i>Addressing the Social Determinants of Health: the Knowledge and Practice Relationship</i> Dr. David Butler-Jones, Chief Public Health Officer, Public Health Agency of Canada Awareness and action to strengthen social determinants of health - such as education, poverty, healthy child development and housing - is an important area of concern. Every day, nurses play important roles in addressing what determines health, through health promotion, building capacity, building relationships, and facilitating access and equity. Dr. David Butler-Jones will provide an overview of the determinants of health in Canada, from his unique perspective as Canada's first Chief Public Health Officer. He will take a look at how far we've come together, where we need to go, and discuss the challenges and opportunities we all face. ----- Discours-programme <i>Influencer les déterminants sociaux de la santé : La relation entre les connaissances et la pratique</i> Dr David Butler-Jones, administrateur en chef de la santé publique, Agence de la santé publique du Canada Sensibilisation et action pour renforcer les déterminants sociaux de la santé – telles que l'éducation, la pauvreté, le développement sain de l'enfant et le logement – sont un important domaine de préoccupation. Chaque jour, les infirmières jouent un rôle majeur en prenant des mesures à l'égard des déterminants de la santé, par la promotion de la santé, l'établissement	Grand East Large

Time/ Heure	Event/ Événement	Location/ Lieu
	de relations et en facilitant l'accès et l'équité. Dr David Butler-Jones donnera une vue d'ensemble des déterminants de la santé au Canada, dans sa propre perspective à titre d'administrateur en chef de la santé publique. Il récapitulera les progrès que nous avons déjà accomplis ensemble, tracera le chemin que nous devons suivre et parlera des défis et des opportunités auxquels nous faisons tous face.	
9:45 am – 10:00 am	Remarks from the Province of Ontario Propos de la Province de l'Ontario	Grand East Large
10:00 am – 10:30 am	Refreshments Break Sponsored By: Registered Practical Nurses of Ontario ----- Pause-rafraîchissement Parrainée par : L'association Registered Practical Nurses of Ontario	Osgoode Ballroom
		
10:30 am – 11:30 am	Breakout Sessions 1 Réunions en petits groupes 1	
A1	In Pursuit of Client Value We Can Make It Work: A Program Evaluation of Street Health's Nursing Program	Grand Centre
B1	Exploring Space and Place in Community-Based Healthcare with Homeless Persons Nursing Interventions to Support Homeless Pregnant Women: Lessons From the Homeless At-Risk Prenatal Program	Grand West
C1	Measuring Nursing-Sensitive Outcomes in the First Nation Community Health Practice Setting The Experience of Immigrant Women Who Have Accessed Breast Health Information and Screening Through a Women's Health Educator Program	Sheraton Hall A
D1	Feasibility and Acceptability of an Intensive Nurse Home Visitation Program for First-Time, Low-Income Pregnant Women & Mothers with Young Children Increasing the Scope of Practice of RPNs Working in Home Health Care	Sheraton Hall B
E1	Sexual Health Services to Youth Initiative: Rural Community Partnerships, Advanced Nursing Role and Transtheoretical Change Theory Taking to the Streets – A Healthy Sexuality Risk Reduction Nursing Outreach Initiative	Sheraton Hall C
F1	Lone Mothers and Livelihood Assets in the Aftermath of Intimate Partner Violence Introducing Dance Movement as an Innovative and Therapeutic Option for Women Experiencing Post Partum Mood Disorders ----- Mères seules et moyens de subsistance suite aux conséquences de la violence entre partenaires intimes Introduction de l'option thérapeutique innovatrice des mouvements de danse pour les femmes qui souffrent de troubles d'humeur post-partum	Grand East Large
G1	Networking Café/ Café-réseau Public Health ~ Community Health Nursing Practice in Canada: Roles and Activities a la 2010	Sheraton Hall E
H1	Round Table Discussions/ Discussions en table ronde Developing a Sense of 'Community-Mindedness' In Undergraduate Nursing Students Establishing an Atlantic Coalition for Community Health Nursing	VIP Room

Time/ Heure	Event/ Événement	Location/ Lieu
	<p>Innovative CHN Student/Preceptor Partnerships: Transitioning To Online Assessments</p> <p>Rethinking Community Placement Opportunities for Nursing Students: Innovative Project Placements in Population Health/Population Health Promotion</p> <p>Knowledge Translation for Public Health Practice</p> <p>Experiences of Canadian Public Health Nurses Implementing the Nurse-Family Partnership Home Visitation Program</p> <p>Enabling Knowledge to Action Through Continuing Education Activities</p> <p>Engaging a Community – Managing Outbreaks of Vaccine Preventable Diseases in a Non-immunizing Community</p> <p>Knowledge to action: exploring how Community Health Nurses can translate determinants theory into practice</p>	
11:30 am – 11:45 am	Stretch Break Pause-étirement	
11:45 am – 12:45 pm	Breakout Sessions 2 Réunions en petits groupes 2	
A2	<p>Building Capacity to Provide Clients with the Right Provider, with the Right Skill, at the Right Time</p> <p>Optimizing the Practice of Registered and Licensed Practical Nurses in the Context of an Interprofessional Team in Primary Care</p>	Grand Centre
B2	<p>Innovative Clinical Community Placements in the Business Community</p> <p>Collaboration of Practitioners, Managers, and Educators in Developing National Community Health Nursing Student Clinical Placement Guidelines</p>	Sheraton Hall A
C2	<p>French Linguistic Minorities & Health Literacy: Issues Of An Emerging Social Determinant Of Health</p> <p>A Step Toward Social Justice: Taking Action on Mould Issues in Social Housing</p> <p>-----</p> <p>Minorités linguistiques francophones et la littératie en matière de santé : Problèmes associés à un nouveau déterminant social de la santé</p> <p>Un pas vers la justice sociale : Prendre des mesures pour remédier aux problèmes de moisissure dans les logements publics</p>	Grand East Large
D2	<p>Skills Online: Maintaining Quality, Demonstrating Impact</p> <p>Connecting CHNs: Strategies to Create an Online Community</p>	Sheraton Hall B
E2	<p>Reducing Children’s Unintentional Injuries and Increasing the Profile of Children’s Injury Prevention Through Intersectoral Collaboration and Strategic Partnerships</p> <p>Baby Friendly Initiative Implementation and Change Theory at Peel Public Health</p>	Sheraton Hall C
F2	<p>Implementing Evidence-Based Programs in School Communities</p> <p>Making Healthy Eating and Physical Activity Happen in Elementary Schools!</p>	Grand West
G2	Networking Café/ Café-réseau <p>Building for the Future: Implementing an Innovative Orientation Toolkit for New Hires in Public Health Nursing</p>	Sheraton Hall E
H2	Round Table Discussions/ Discussions en table ronde <p>Public Health Nurses Engage in Reflective Practice: Leading in the Face of Significant Challenges</p> <p>Pan-Canadian Inventory of Public Health Early Child Home Visiting</p>	VIP Room

Time/ Heure	Event/ Événement	Location/ Lieu
	<p>A Collaborative Effort in Oral Health In A Remote Northern Health Region</p> <p>Promoting Excellence in Infection Prevention and Control in Long-term Care Homes</p> <p>Achieving Excellence - A Collaborative Approach</p> <p>A Symptom Relief Kit: Innovative Symptom Control in Palliative Homecare</p> <p>Engaging Community Partners in Providing Early Identification Developmental Sessions in Hamilton Ontario</p>	
12:30 pm – 2:00 pm	Lunch with the Exhibitors Dîner avec les exposants	Osgoode Ballroom
2:00 pm – 3:00 pm	Breakout Sessions 3 Réunions en petits groupes 3	
A3	<p>Meeting Competency Requirements: Inspiring Excellence in Practice</p> <p>Placement Factors that Contribute to Student Confidence in Community Health Nursing</p>	Grand Centre
B3	<p>A Collaborative Model for Cultivating Communities of Practice</p> <p>Enabling Professional Networking: Building Leadership and Excellence in Professional Practice through Communities of Practice</p>	Sheraton Hall C
C3	<p>Clean Hands in Communities Kits (CHICK)</p> <p>A Public health International Partnership</p>	Sheraton Hall A
D3	<p>Analysis of Peer Support as a Resource for Recovery for Mental Health Consumers</p> <p>Workplace Stress and Resilience - Developing a Culture of Support: Community Capacity Building Principles in Action</p>	Sheraton Hall B
E3	<p>The scope of critical consciousness among Francophone health and social services professionals in Ontario around health literacy in minority contexts</p> <p>An Inspiring Story: Engaging with a Cardiac Care Unit Enables a Home Health Agency to Develop a Home IV Inotrope Program</p> <p>-----</p> <p>L'étendue de la conscience critique chez les professionnels francophones de la santé et des services sociaux en Ontario sur la littératie en santé en situation linguistique minoritaire</p> <p>Une histoire inspirante : s'impliquer avec un service de soins cardiaques aide une agence de soins à domicile à développer un programme de perfusion intraveineuse d'inotrope à la maison</p>	Grand East Large
F3	<p>Seizing the Opportunity – Enabling Nurses and Building Nursing Capacity During H1N1</p> <p>Through Sleet, Snow and Storm: Delivering a Mass Vaccination Campaign in the Northwest Territories</p>	Grand West
G3	Networking Café/ Café-réseau Conceptualizing Advanced Practice in Public Health Nursing	Sheraton Hall E
H3	Round Table Discussions/ Discussions en table ronde Partners Enabling Client Centred Care Through Innovative Technology From the Bedside to the Boardroom: Managing the Double Bottom Line Nursing Influencing Accreditation Standards: What Makes Sense? Aboriginal Nurses: Acknowledging the Past; Reconciling the Present to Redress the Future Developing a New Generation of Community Health Nurses	VIP Room

Time/ Heure	Event/ Événement	Location/ Lieu
3:00 pm – 3:15 pm	Refreshment Break Pause-rafraîchissement	Osgoode Ballroom
3:15 pm – 4:15 pm	Breakout Sessions 4 Réunions en petits groupes 4	
A4	Narrative Reflective Process: Helping Students Transition into Community Care Nursing Innovative Approaches for Integrating Community Health Nursing in the BScN Curriculum	Grand Centre
B4	Improving the Uptake of BPGs: One Agency's Experience with the PARIHS Framework Client Centred Care Satisfaction Survey: Seeking Feedback from Sexual Health Centre Clients	Grand West
C4	Leveraging Technology and Building a National Learning Centre to Reach Mobile Home Care Nurses - Can It Be Done? Transforming PHC Education: A Three Step Approach to Integrating Research-in-Action	Sheraton Hall A
D4	Promoting Evidence-Informed Decision Making Through a Knowledge Broker Mentorship: Evaluation Results Getting to Know the Public Health Clinical Nurse Specialist: Leadership in Action	Sheraton Hall B
E4	Enhancing Existing Community Health Capacity and Infrastructure by Focusing on the Integration of Inuvialuit, Gwich'in, and Western Medicine Approaches to Palliative Care Making Care Decisions in Home-Based Dementia Care	Sheraton Hall C
F4	Empower: Education to Maximize Patient Outcomes with Empowering Relationships Health Connection: Evaluating the Quality and Impact of a Public Health Telephone Response Service ----- Habilitation : Éducation pour maximiser les résultats en matière de santé du patient au moyen de relations habilitantes Connexion santé : Évaluer la qualité et l'impact d'une ligne téléphonique de service d'intervention de santé publique	Grand East Large
G4	Networking Café/ Café-réseau The Future of Community Health Nursing in Canada: A Time for Action	Sheraton Hall E
H4	Round Table Discussions/ Discussions en table ronde Promoting Inclusion and Challenging the Processes of Exclusion Community Health Nurses: Quiet Leaders in Public Health and Primary Care Collaboration	VIP Room
4:30 pm – 6:30 pm	Poster Reception Our poster presenters will be with their boards to discuss their presentations. Come join us for networking and light snacks before heading off to dinner. ---- Réception des affiches Les personnes qui font une présentation d'affiches seront près de leur stand pour expliquer leur présentation. Venez vous joindre à nous pour échanger et établir des contacts avec d'autres avant d'aller souper. Des hors-d'œuvre seront servis.	Osgoode Ballroom
6:30 pm – 8:30 pm	Open Invitation to Undergraduate Nurse Educators from the Canadian Association of Schools of Nursing Join us to discuss the use of alternative placements for community health clinical experiences. -----	Sheraton Hall A

Time/ Heure	Event/ Événement	Location/ Lieu
	<p>Invitation ouverte aux infirmières-éducatrices de premier cycle de l'Association canadienne des écoles de sciences infirmières Venez vous joindre à nous pour discuter des différentes possibilités de stages pour une expérience clinique en santé communautaire.</p>	
<p>Friday June 18th/Vendredi 18 juin</p>		
7:00 am – 4:00 pm	<p>Registration/Information Desk Open Inscription/Bureau des renseignements ouvert</p>	Vide Foyer
7:45 am – 8:30 am	<p>Home Health Competencies Launch Breakfast generously sponsored by: ParaMed Home Health Care</p> <p>Competencies ... they help to define the knowledge, skill, judgment and the attributes required to practice according to our standards. They are a critical link to making our standards live at the interface of care - and home health nurses now have their own competencies! Please join us to learn about how they were developed, about the guidance they contain, and help us to collectively celebrate yet another important milestone for community nursing!</p> <p>-----</p> <p>Présentation des Compétences en soins infirmiers à domicile Déjeuner généreusement offert par : ParaMed Home Health Care</p> <p>Les compétences... elles contribuent à définir les connaissances, les aptitudes, le jugement et les caractéristiques personnelles exigés pour exercer la profession en respectant nos normes de pratique. Elles constituent un lien critique pour mettre en pratique nos normes là où sont dispensés les soins – et les infirmières de soins à domicile ont maintenant leur propre document de description des compétences! Veuillez vous joindre à nous pour apprendre comment elles ont été élaborées et les directives qu'elles contiennent ainsi qu' à célébrer ensemble un autre jalon important posé pour les soins infirmiers en santé communautaire.</p>	<p>ParaMed™ get better</p> <p>Grand West</p>
8:30 am – 8:45 am	<p>Volunteer Recognition Reconnaissance des bénévoles</p>	Grand East Large
8:45 am – 9:45 am	<p>Panel Discussion: “Multiple Perspectives on Knowledge to Action”</p> <ul style="list-style-type: none"> - Panel Moderator: Cheryl Reid Haughian, Director, Professional Practice, ParaMed Home Health Care - Leila Gillis, Director, Prevention & Promotion Programs and Nursing Leadership Health Canada - Dr. Nancy Edwards, Scientific Director, CIHR Institute of Population and Public Health - Fred Monpetit, Chief Nursing Officer, Nunavut - Tina Hurlock-Chorostecki, NP, Past President Nurse Practitioners' Association of Ontario <p>Panelists from research/education, policy, administration, and practice perspectives will discuss how partnerships and collaborations shape their practice, how they integrate existing and emerging evidence into their roles, and how they are inspired to action on behalf of nurses and the communities in which they work. A stimulating question and answer period will provide opportunity for the audience to engage in the panel discussion.</p> <p>-----</p> <p>Débat d'experts : « Multiples perspectives sur le thème : de la théorie à la pratique »</p> <ul style="list-style-type: none"> - Modératrice du panel d'experts : Cheryl Reid Haughian, directrice, Pratique professionnelle , ParaMed Home Health Care - Leila Gillis, directrice, Programmes de prévention et de promotion et Leadership des services infirmiers, Santé Canada - Dr Nancy Edwards, directrice scientifique, Institut de la santé publique et des populations de l'IRSC 	Grand East Large

Time/ Heure	Event/ Événement	Location/ Lieu
	<p>- Fred Monpetit, infirmier en chef, Nunavut - Tina Hurlock-Chorostecki, NP, ancienne présidente de la Nurse Practitioners' Association of Ontario</p> <p>Des panélistes des domaines de la recherche/l'éducation, des politiques, de l'administration et de la pratique parleront des effets des partenariats et des collaborations sur leur pratique, de comment ils intègrent les données existantes et récentes dans leurs fonctions, et de comment ils sont inspirés à agir au nom des infirmières et des communautés dans lesquelles ils travaillent. Une période de questions et réponses, qui ne manquera pas d'être intéressante, donnera l'occasion aux participants de prendre part aux discussions.</p>	
9:45 am – 10:15 am	Refreshment Break Pause-rafraîchissement	Grand Foyer
10:15 am – 11:15 am	Breakout Sessions 5 Réunions en petits groupes 5	
A5	An E-Learning Education Strategy: Empowering Nurses through Distance Education Narrative and Solution Focused Approaches: An Innovative Strategy of Strengths Based Client Centred Care in Public Health Nursing	Grand Centre
B5	Adolescent Health in Rural Southwest Norfolk County: A Social Phenomenon HPV Campaign / Community Working Together	Sheraton Hall C
C5	Integration of Biomobility Information with a Point-of-Care Decision Support System for Safer Client Care Caregiver Connect: A VON Innovative Approach to Support Caregivers	Grand West
D5	Technology – How Ottawa Public Health Incorporated It, During pH1N1 Response	Sheraton Hall B
E5	Identifying Current and Expected Proficiency Levels for the Community Health Nursing Standards for New Graduate Nurses Family Nursing Clinical Education: Engaging Students and Families in Collaborative Partnerships to Promote Health and Healing ----- Déterminer les degrés de maîtrise actuels et attendus des Normes de pratique des soins infirmiers en santé communautaire que possèdent les infirmières récemment diplômées Formation clinique en soins de santé familiale : Établir des partenariats de collaboration entre les étudiants et les familles pour promouvoir la santé et la guérison	Grand East Large
F5	Studying Collaboration in an Inner-city Neighbourhood: Knowledge to Action for Population Health Promotion The Health of Homeless Mothers with Mental Illness: Nurses as Agents of Change	Sheraton Hall A
G5	Networking Café/ Café-réseau Competencies: from Launching to Living It!	Sheraton Hall E
H5	Round Table Discussions/ Discussions en table ronde Acting on Healthy Public Policy: Tapping into the Expertise, Points of View and Needs of Community Health Nurses Maximizing Staff Utilization & Monitoring Caseload: A Provider-Contractor Collaborative Nurse and Manager Recruitment for Community H1N1 Mass Immunization Clinics in an Urban Region of NL Lead From Where You Stand-Strengthening Leadership and Professional Practice	VIP Room

Time/ Heure	Event/ Événement	Location/ Lieu
11:15 am – 11:30 am	Stretch Break Pause-étirement	
11:30 am – 12:30 pm	Breakout Sessions 6 Réunions en petits groupes 6	
A6	Working with Culture in Community Health Nursing Practice: Maintaining the Status Quo? Reorienting Home Care Services by Examining the Development of Positive Space in Organizations: Implications for Community Health Nurses	Grand Centre
B6	Inspiring Students to Take Action to Promote Environments Supportive of Health Home Visit Simulations to Orient First-Year Students to Community Health Nursing	Sheraton Hall C
C6	H1N1 Mass Immunization in St. John's, Newfoundland and Labrador: The School Experience Using Evidence to Inform the Development of an Early Childhood Immunization Program Plan	Sheraton Hall A
D6	Quit Club - Together We Can Transforming How First Time Parents are Prepared for Parenting	Sheraton Hall B
E6	Chariots of Fire: Community Nurses' Response to a Global Pandemic Pandemic Response in China: A Canadian Nurse's Experience	Grand West
G6	Networking Café/ Café-réseau Public Health Ethics: An Introduction and Interactive Discussion of Cases	Sheraton Hall E
H6	Round Table Discussions/ Discussions en table ronde The Air Quality Health Index - A New Tool for Reducing Health Risks Setting the Stage for Action: Tobacco Cessation Best Practice in Ontario Laying the Groundwork for a Blueprint to Strengthen Public Health Nursing: A Centre of Excellence As One Approach Does Working with Youth and Community Partners Decrease Mental Illness Stigma in High School Students? Community Health Nursing Students Making International Connections Maximizing Scope of Practice Among Nurses: Leveraging Best Practices to Support Role Change Youth Engagement in Central East Region: Going boldly Where No TCAN Has Gone Before!	VIP Room
12:30 pm – 1:30 pm	Luncheon and Awards Presentation Dîner et présentation des prix	Grand East Large
1:30 pm – 2:30 pm	Play: "In My Shoes" Pièce de théâtre : « In My Shoes » It all started when staff at the Soup Kitchen Community Centre started gathering stories from many of those who sought help. The vulnerability, brutal honesty, disappointments and triumphs in their writing brought a new understanding of the barriers and isolation of people living in poverty. A play seemed to be the only way to share their lives with others. Everything in our play is true and many of the actors play themselves. It is all about people; people that are homeless, people	Grand East Large

Time/ Heure	Event/ Événement	Location/ Lieu
	that have to choose between sending their kids to school with no lunch, or keeping them home and feeding them leftovers; people that have no choice but to live above bars in rodent infested rooms and people trying to further their education to climb out of the poverty trap. ...They may seem like statistics, but they are people. They have a voice, and they have a story. Please have a seat, listen, and walk a mile in my shoes.	
2:30 pm – 3:30 pm	<p>Closing Keynote Address <i>What does Prorogation, Climate Debt, and Avatar Have in Common and What Do They Have to do With Nurses?</i> -Cathy Crowe, Street Nurse</p> <p>Cathy Crowe will bring her unique perspective to opinion on issues of the day. Whether it is engaging with individuals who experience homelessness, going to movies with friends, advocating for change with peers or bureaucrats - the one thing you know for sure - Cathy brings enthusiasm, vision, honesty, inclusiveness and integrity to all her endeavours.</p> <p>-----</p> <p>Allocution de clôture <i>Qu'est-ce que la prorogation, la dette environnementale et Avatar ont-ils en commun et qu'ont-ils à voir avec les infirmières?</i> -Cathy Crowe, infirmière de rue</p> <p>Cathy Crowe apportera sa propre perspective et son opinion sur les enjeux du jour. Que ce soit de traiter avec des personnes qui se trouvent sans abri, d'aller au cinéma avec des amis, de revendiquer un changement auprès de ses collègues ou des bureaucrates, quoi qu'elle fasse Cathy y apporte son enthousiasme, sa vision, son honnêteté, son ouverture d'esprit et son intégrité.</p>	Grand East Large
3:30 pm – 3:45 pm	<p>Hand off Ceremony to 2011 Halifax CHN Conference in Halifax, Nova Scotia -----</p> <p>Cérémonie de transfert des responsabilités à la Conférence des ISC de 2011 à Halifax, Nouvelle-Écosse</p>	Grand East Large



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A1
Grand Centre
Thursday June 17th, 2010
10:30am – 11:30am

In Pursuit of Client Value

Nick Oliphant, Brenda Fraser - Northern Health
 Fort St. John, BC

Public Health Nurses (PHNs) provide child health clinics (CHCs). Services include immunization; screening, assessment, referral and follow-up; anticipatory guidance, health promotion and education. Immunization services are a core priority. Increasing population trends challenge our ability to meet demand for services. The benchmark for CHC wait lists was 2-3 weeks. The wait list for CHC was 5 weeks. Clinic services were driven by the program's perspective of value and historical precedence. In a 2007 survey, clients indicated it took too long to get an appointment, appointment duration was too long and the main reason for coming to clinic was immunizations. Demand for appointments exceeded capacity with the clinic model and the volume of clients seen was constrained by appointment duration and staffing levels. Being 'behind' with clinic appointments contributed to lower staff morale and job satisfaction. A project team for a pilot was established, weekly meetings were held, service models were tested and improvement tools were used including a 'current state' map and weekly client and staff surveys. Findings included decreased wait time (5 weeks to 0 wait time), decreased length of appointment (40-30 minutes), increased # of appointments available (14-20), clients were satisfied having the choice of services and PHNs had a good understanding and application of the approaches, as well as improved job satisfaction. The redesign of clinic services can be led by focusing on client value, with other positive effects of eliminating waste, improving client flow, service flexibility, responsiveness and quality. Key learning outcomes could include focusing on client value improves client and provider satisfaction and improves quality of service; continuous improvement can be achieved and driven by client participation and improvement tools and philosophies from manufacturing can be applied to health care ie., value stream mapping and client pull.

We Can Make It Work: A Program Evaluation of Street Health's Nursing Program

Stephanie Gee, Anne Marie Batten, Allana Sullivan,
 Beth Pelton - Street Health Community Nursing Foundation
 Toronto, ON

'Street nursing' refers to the provision of primary health care, often through outreach in non-traditional locations, to marginalized people living in poverty and/or experiencing homelessness (Hardill, 2006). Street nursing continues to evolve as a function of the economic and political realities that impact marginalized populations. Therefore responsive approaches are continually being developed to address the needs of these individuals. The current project is an evaluation of an innovative street nursing program

based out of Street Health Community Nursing Foundation, a community-based organization in Toronto. Street Health offers health related service provision to individuals experiencing poverty, street involvement, and homelessness. The current paper addresses the 'Engage' sub-theme of the conference by presenting the results of a mixed-method evaluation of Street Health's street nursing program. Utilizing client databases, client surveys, staff interviews, and case studies of long term clients, the current evaluation involved a process and outcome assessment of the different components of the street nursing program: primary health care provision, public education, and advocacy (individual and systemic). The challenges, benefits, and best-practices of street nursing with marginalized and difficult-to-serve communities will be discussed with evidence-based recommendations for implementation in both new geographic locations and within other areas of nursing (i.e., hospital Emergency Departments that are often the service providers for street-involved individuals).

B1
Grand West
Thursday June 17th, 2010
10:30am – 11:30am

Exploring Space and Place in Community-Based Healthcare with Homeless Persons

Abram Oudshoorn - The University of Western Ontario
 London, ON

Background: In Canada and other Western nations, people who are homeless continue to have the highest rates of morbidity, and the lowest age of mortality in the population. Various strategies have been put into place in order to better meet the health needs of homeless persons, the most successful of which has been the development of community health clinics. Recognizing the importance of health promoting relationships in engaging homeless persons in care, most research on these community clinics has involved some recognition of client-provider relationships. However, what has been lacking is a study of how the clinics themselves fit within the daily lives of homeless persons. Objectives: In this study we question 1) What space and place do community health clinics occupy within the lives of homeless persons? and, 2) What impacts do clinic-level and broader social and health policies have on relationships in these clinics? These questions are explored within a critical theoretical perspective, and utilizing a critical ethnographic methodology. Methods: Data were collected using multiple methods of document review, participant observation, in-depth interviews and focus groups. The participants include clients at a community health Clinic, and all Clinic providers. Findings: Findings shed light on the importance of situating formal health care within the broader context of the lives of clients. In particular, a disconnect was identified between the focus of Clinic providers on the provision of medical care, and Clinic clients on meeting their needs around the broader determinants of health. This disconnect was both created by and contributing to Clinic policies, which focused on managing the behaviour of clients and limited

resources. While clients sought a safe place to promote their health, providers created a conflictual space that met medical needs but could be argued was not health promoting.

Nursing Interventions to Support Homeless Pregnant Women: Lessons From the Homeless At-Risk Prenatal Program

Catriona Mill, Alice Gorman, Jan Fordham,
Caroline Murphy - Toronto Public Health
Toronto, ON

The growing rate of homelessness in Canada is a significant public health concern. Homelessness has adverse impacts on health. Among those who are homeless, pregnant women are particularly vulnerable and have unique health needs. Community health nurses are well-positioned to provide support to homeless pregnant women and to deliver interventions to reduce the impacts of homelessness on birth outcomes. In 2007, Toronto Public Health implemented the Homeless At-Risk Prenatal (HARP) program. In an effort to contribute to improved maternal and infant health outcomes, HARP provides nursing and dietetic services to homeless pregnant women. A formative evaluation of HARP was initiated in the fall of 2008 to inform nursing practice and guide program development. A multi-step, mixed-method retrospective design was used. Data collection included an in-depth review of HARP client records, and individual interviews and a focus group with HARP Public Health Nurses (PHNs). This presentation will provide a brief overview of the HARP program and the evaluation framework. Findings regarding clients being served by the program, the interventions used by HARP PHNs and the relationship between the clients' needs/issues and interventions provided will be shared. Implications for community health nursing practice in will be discussed. Given the limited evidence in the literature, findings from this evaluation will contribute to the knowledge base for better understanding interventions for supporting this population. By the end of the presentation, participants will be able to: describe the HARP program and service model; understand an approach for evaluating community health nursing interventions; and, identify nursing interventions and strategies for supporting homeless pregnant women in the community.

C1
Sheraton Hall A
Thursday June 17th, 2010
10:30am – 11:30am

Measuring Nursing-Sensitive Outcomes in the First Nation Community Health Practice Setting

Leila Gillis, First Nation and Inuit Health - Health Canada,
Atlantic Region, Dartmouth, NS

Nursing-sensitive patient health outcomes have been the subject of interest and research over the last 20 years, but to date this research has been primarily focused on the hospital, and institutional settings, with more recent research emerging in the homecare setting. There has been little research on the impact of community

health nursing interventions in general and particularly on the community-level outcomes experienced by groups, communities and populations. This presentation will summarize the outcomes of a health policy practicum through Dalhousie University which focused on the exploration and identification of nursing-sensitive patient health outcomes for community-based practice. Particular attention will be given to community-level outcomes within the complex national health system of First Nations and Inuit Health. Nursing Services, within this federal government context and specifically within the health services delivery of Canada's First Nation and Inuit, has an interest in more effectively measuring the impact of nurses' work. This presentation will explore several nursing measurement frameworks and will provide recommendations on nursing-sensitive outcomes that could be associated with specific community health programs. It will summarize recommendations structured within the components of the Nursing Role Effectiveness Model, including such recommendations as replication of a content validity and nursing sensitivity study for the practice context within Canadian First Nations based on the Nursing Outcomes Classification (NOC). All recommendations aim to demonstrate how basic nursing-sensitive data can be used to influence the current complex First Nations and Inuit national service delivery matrix. Attribution of health professionals to outcomes in the community is challenging, more work is needed to articulate the value of the contribution of community health nurses to health outcomes. This presentation is in keeping with the conference theme of Knowledge to Action and will take a small step toward enabling community health nurses' work to be visible.

The Experience of Immigrant Women Who Have Accessed Breast Health Information and Screening Through a Women's Health Educator Program

Joanne Crawford, Angela Frisina, Faye Parascandalo,
Trish Hack - Public Health Services
Fatima Homid, Abir Alsaid, Michelle Ji, Snober Naz,
Thuy Tam - St. Joseph's Immigrant Women's Centre
Hamilton, ON

Subgroups of immigrant women underutilize preventive care services, such as cancer screening. Peer health educators have demonstrated effectiveness in enhancing access to breast cancer screening. This literature has been primarily captured through quantitative questionnaires. Limited research has portrayed immigrant women's perspectives with enough depth to take action to ensure that programming meets their needs. The purpose of this study is to understand the experiences of immigrant women from the Arabic, Chinese, South Asian and Vietnamese communities who have accessed the Women's Health Educator Program. This research is situated within critical social theory drawing on Paulo Friere's theory of empowerment. We utilized Participatory Action Research and qualitative exploration to uncover immigrant women's perceptions of the experience accessing a culturally tailored program utilizing peer educators. Immigrant women were recruited from the program list. Data was collected from focus groups and in-depth interviews, and then audio-taped and transcribed.

Transcripts were the main form of data collection along with team meeting process, minutes, emails and other team activity informing the PAR process. Thematic content analysis was utilized for focus group, and interview data. All team members participated in the research process. 83 immigrant women participated in the study; 36% Arabic, 15% Chinese, 25% South Asian, and 18% Vietnamese. Age ranged from 40 to 74 years; 35% were 40-50 years and the remaining 65% were 50 years of age and older. Preliminary findings described previously held assumptions of breast cancer, such as fear which was challenged after encountering the program and subsequently portrayed as hope, realization and a sense of personal responsibility. Women shared their perspectives on the differences made by the WHE program related to supportive comprehensive care, including presence. New directions for the enhancement of the WHE program reinforced that culturally tailored programs need to have input from women who access them.

D1
Sheraton Hall B
Thursday June 17th, 2010
10:30am – 11:30am

Feasibility and Acceptability of an Intensive Nurse Home Visitation Program for First-Time, Low-Income Pregnant Women & Mothers with Young Children

Susan Jack, Christine Kurtz Landy, Emily vander Zaag, Olive Wahoush - School of Nursing, McMaster University
 Dianne Busser, Debbie Sheehan - City of Hamilton Public Health Services
 Harriet MacMillan - Psychiatry & Behavioural Neurosciences and Pediatrics, McMaster University
 Hamilton, ON

Background: The Nurse-Family Partnership (NFP) is an evidence-based nurse home visitation program delivered to first-time, low-income, young mothers. Public health nurses (PHNs) visit families starting early in pregnancy and until the child is 2 years of age. In the US, the NFP has demonstrated consistent and enduring outcomes for mothers and children. In 2008 the first Canadian pilot of the NFP was implemented in Hamilton, Ontario. Objectives: 1) To measure the feasibility of recruiting and retaining mothers in the NFP; and to 2) explore the acceptability of the NFP to Hamilton families and program stakeholders. Methods: In the feasibility study, we tested strategies for recruitment, retention and the collection of clinical data. A qualitative case study was conducted to explore program acceptability. In-depth interviews were conducted with 18 mothers, 12 family members, and 19 community professionals. Six focus groups were conducted with PHNs and nurse managers. Data were analyzed using content analysis. Results: 108 of 135 eligible pregnant women referred to the NFP program consented to participate in the pilot project. PHNs identified that the NFP provided them with an evidence-based, structured approach to home visiting families. The frequent home visits facilitated the establishment of trusting nurse-client therapeutic relationships. Community professionals identified that

the NFP addressed a current public health gap in providing intensive, professional support to families, particularly during pregnancy. Clients and families identified nurses as important sources of support and expert professional knowledge. Conclusion: It is feasible in Ontario to recruit a targeted population mothers early in pregnancy to participate in a program of frequent nurse home visitation. The program curriculum, content and intensity of visits are acceptable to all stakeholders. The NFP is acceptable and feasible within a Canadian context and advocacy work needs to continue for the promotion of nurse-led home visitation programs.

Increasing the Scope of Practice of RPNs Working in Home Health Care

Karen Lorimer, Kathy Crompton, Barbara Campbell - Carefor Health & Community Services
 Ottawa, ON

As a strategy to meet the ever increasing demands for home care nursing services in a climate of heightened client acuity of care and serious nursing shortages, our home health agency decided to increase the scope of practice of our Registered Practical Nurses (RPNs) targeting practice skills related to vascular access and compression bandaging. We worked with local stakeholders to ensure that our policies and procedures adhered to best practice recommendations. Employing multiple education and implementation strategies, we enabled our RPNs to develop the required knowledge, skill and confidence while ensuring adherence to best practice recommendations. Outcomes were evaluated using one-on-one observation of skills; surveys; knowledge testing, and utilization rates. Despite encountering a number of barriers to practice change, increasing the scope of practice of our RPNs has resulted in the following outcomes: • Increased ability for timely response to the needs of the population requiring home nursing care • Improved continuity of care, as the RPN is able to provide more of the client care, reducing the number of nurses visiting any one client • Our agency's ability to respond to more clients with complex needs as the Registered Nurses (RNs) have more capacity to see these clients (e.g. end of life care, chemotherapy) • Increased autonomy of practice for the RPN • Increased critical thinking skills for the RPN • increased job satisfaction for the RPN (as rated as on a Likert scale 0 to 5) • RPNs' acceptance of increased scope of practice Key learning outcomes from this session are applicable to nursing in any setting and include: identifying successful strategies that were employed to ensure ongoing quality care; and identifying and addressing barriers to practice changes while increasing the RPNs knowledge, skill and confidence.

E1
Sheraton Hall C
Thursday June 17th, 2010
10:30am – 11:30am

**Sexual Health Services to Youth Initiative: Rural
Community Partnerships, Advanced Nursing Role and
Transtheoretical Change Theory**

Nancy McKeil-Perkins, Julie McConaghy, Joyce Trafford,
Roberta Knox, Michelle Daniels - Horizon Health Network
Woodstock, NB

In March 2008 New Brunswick Horizon Health Network Zone 3 recognized increasing concerns for an already limited Sexual Health (SH) service program to youth in District #14 school communities; this resulting from the rural nature of the school communities and required bussing, along with closure of several local hospitals. The sensitive nature of the subject matter created a special challenge for the Upper Valley PHN Team as we moved forward to implement the addition of a Nurse Practitioner (NP) to enhance SH services. Critical to the plan was the PHN Team's understanding and utilization of Transtheoretical Change Theory as part approaches: Precontemplation - Contemplation - Preparation - Action - Maintenance - Termination - and Relapse This theory afforded the PHN Team the patience required to have success while meeting with partners, accepting their stage of change and utilizing comprehensive approaches to support clients, partners and community as the face of SH services to youth provided a rare service model i.e. "where youth are"...all seven District #14 High Schools have an NP onsite, providing youth with competent, confidential sexual health services. In sharing this innovative program with colleagues we involve all three conference subthemes, Engage, Enable and Inspire. The specifics of the oral presentaion will focus on the process components and be most relevant to Engagement as we put Knowledge to Action. The program success definitely required attention to partnership, collaboration and networking with youth and school community partners. NP Advanced Nursing Role in the PH SH Program has enhanced the traditional nursing role both within community and nursing practice. Through application of the Transtheoretical Change Theory the PHN Team and partners have gained better appreciation and understanding of the process of change.

**Taking to the Streets – A Healthy Sexuality
Risk Reduction Nursing Outreach Initiative**

Claire Warren, Gisele Sbrega, Janice Price,
Stephanie Vendetti - Sudbury & District Health Unit
Sudbury, ON

The Healthy Sexuality Risk Reduction Outreach Initiative (HSRROI) is a nursing outreach program that is a new and evolving field of public health nursing at the Sudbury & District Health Unit (SDHU). This pilot project began in 2006 in response to the growing rates of sexually transmitted infections, as well as programming emphasis on addressing the social determinants of health within public health programs and services. This outreach nursing initiative was a

collaborative process of working with community partners to engage vulnerable individuals to identify how to best address their sexual health and harm reduction needs. According to the Ontario Public Health Standards (2008), public health must provide key programs and services such as assessment and surveillance, health promotion and protection, disease and injury prevention, and policy development, with an emphasis on priority populations. A SWOT Evaluation of the HSRROI began in 2007 as part of the SDHU's commitment to continuous quality improvement. Four key objectives for the initiative included: 1) reaching out to harder-to-reach populations, 2) increasing access to sexual health clinical services, 3) developing key community partnerships, and 4) ensuring program effectiveness and sustainability. The evaluation plan included three phases: questionnaire for clinic clients; interviews of SDHU staff involved with the HSRROI; and interviews of external partners. The evaluation findings demonstrated that the outreach nurses' work reflected the following themes: reaching the identified priority populations; building and maintaining trust, respect, and acceptance among both clients and community partners; providing STI prevention, early detection, and treatment; helping clients connect with key services; and influencing the system and colleagues in meeting the needs of harder-to-reach populations. There is high satisfaction by clients and partners for the HSRROI. The presentation will provide an overview of the implementation of the HSRROI and outcomes of the evaluation including a number of program recommendations.

F1
Grand East Large
Thursday June 17th, 2010
10:30am – 11:30am

**Lone Mothers and Livelihood Assets in the
Aftermath of Intimate Partner Violence**

Lynne Duffy - University of New Brunswick
Moncton, NB

Intimate Partner Violence (IPV) is a serious social and public health issue. After leaving an abusive relationship many women and their children are pushed into a life of poverty that intersects with enduring chronic physical and mental health effects of IPV. With income and social status as critical determinants of health, this study aimed to explore and describe the transition of lone mothers to a sustainable livelihood after leaving an abusive relationship, to understand their strengths and struggles through the transition, and to identify areas for change that they can participate in.

This community-based participatory research followed the Photovoice method and was guided by the Sustainable Livelihoods (SL) Framework that provides a holistic and asset-based approach to understanding women's lives. The process has been facilitated through a university-community partnership with three agencies. Up to twenty lone mothers from Eastern Canada participated as co-researchers from 2007 to 2010 by taking photos and analyzing them in monthly group sessions, later joining with the Community Advisory Committee to establish priorities for action.

Through the photos and stories of the women the findings from the Asset section of the SL framework are presented in four areas of human, financial, social, and physical capital. The expected learning outcomes for community health practitioners, administrators, and researchers include: 1) increased knowledge of a sustainable livelihoods and asset-based approach to women's health and well-being, 2) enhanced understanding of lone mother's experiences and assets after leaving IPV, and 3) reflection on areas of advocacy and intervention at multiple levels in order to decrease vulnerability in the aftermath of IPV.

Introducing Dance Movement as an Innovative and Therapeutic Option for Women Experiencing Post Partum Mood Disorders

Pamela Dietrich, Lorie Donelle, Camille Burnett - Arthur Labatt Family School of Nursing, The University of Western Ontario
 London, ON

Postpartum Mood Disorders (PPMD) are well known to have significant impact on families, and if left untreated, can lead to serious consequences for women, children and families. It is estimated that up to 20% of women experience a significant and debilitating PPMD following the birth of one or more children. Early intervention and social support is well documented within the research literature as essential to the recovery process for women (RNAO, 2004; Dennis, 2005). Dance Movement Therapy is a health and healing modality known to benefit diverse populations, with a growing body of research to support its use in clinical practice (Payne, 2006). The purpose of this paper is to describe an innovative pilot project in which dance movement was introduced as one of several treatment interventions for women recovering from their experience with PPMD. While early screening, identification of those at risk, and early treatment with medical intervention has been established as a standard of practice for PPMD, there is very little research evidence to indicate the potential benefits of various complementary treatment modalities, offered by nurses and other disciplines. Conference participants will have the opportunity to: 1) learn about the experiences of women who were offered the option of dance movement as an enhancement to their recovery process through PPMD 2) experience a brief sample of dance movement as a therapeutic intervention, led by a community health nurse and certified dance movement instructor 3) reflect on the potential benefits of dance movement as a health and healing modality applicable to many settings within family and community health nursing.

A2
Grand Centre
Thursday June 17th, 2010
11:45am – 12:45pm

Building Capacity to Provide Clients with the Right Provider, with the Right Skill, at the Right Time

Karen Thompson - ParaMed Home Health
 London, ON

Background The scope of practice for RNs and RPNs is evolving and there are areas in which they share some competencies. In home care it can be difficult to make decisions about who is the best provider of care for the client to ensure positive outcomes. **Methodology** This home care organization has created new structures to maximize nursing scope of practice. This multi-pronged strategy includes the following: • Interprofessional policy development, prior learning assessment to assess current scope of practice with new expectations and a caseload assignment strategy that ensure right provider, right time and right skill • Skill development and • Nursing team development in a district model **Results** The outcomes of this strategy have indicated that by developing skills and maximizing the scope of practice, nursing cases can be assigned to RNs and RPN / LPNs in a safe and effective way to meet client needs. **Conclusion** This presentation will discuss lessons learned and future plans to continue the evolution of practice. Clinical leaders and frontline practitioners will benefit by attending this session and will be able to take this practical strategy and apply to a similar context.

Optimizing the Practice of Registered and Licensed Practical Nurses in the Context of an Interprofessional Team in Primary Care

Jeanne Besner, Rebecca Carter, Robert McKim, Steven Clelland, Angela Erza, Nelly Oelke - Alberta Health Services
 Jeannette Sandstra - Rocky Mountain House Primary Care Network
 Sheri Fielding - Edmonton Southside Primary Care Network
 Deborah White - University of Calgary
 Jane Drummond - University of Alberta
 Lorna Milkovich - Red Deer Primary Care Network
 Calgary, AB

Primary Care Networks (PCNs) were developed in Alberta with the goal of improving the health of the population through reform of the primary care system. Most PCNs have introduced interdisciplinary teams in care delivery, the majority of which include Registered Nurses (RNs) and often, Licensed Practical Nurses (LPNs). However, few studies have explored the role of nurses in the primary care context. The limited research that has been conducted in this setting suggests that nurses are often underutilized. This study focused on better understanding the utilization of nurses in three Alberta PCNs (two urban, one rural). Participatory action research methods were used in this mixed-method study. Targeted initiatives were undertaken with the goal of improving the effective

utilization of nurses and examining the impact of role optimization on patient, provider and system-level outcomes. Key findings demonstrate that nurse-patient relationships (particularly those maintained over a long period) are pivotal in improving patient's health. This is particularly evident among patients with co-morbid chronic conditions and complex psycho-social issues. Additional findings suggest that the context of the PCN (socioeconomic; political; cultural) strongly influences the evolution of nursing and allied health roles. Findings also offer insight into the complementary scopes of practice of LPNs and RNs. The participatory-action research approach used in this study seemed to positively influence the evolution of nursing roles in participating PCNs. In this presentation we will discuss the evolution of nursing roles in newly formed Primary Care Networks, with a particular focus on describing the process used to enhance the effective utilization of nurses working in primary care. Findings will be relevant to providers and other stakeholders currently working within interdisciplinary primary care teams that include nurses, as well as individuals or organizations considering the integration of nurses into primary care teams.

B2

Sheraton Hall A

Thursday June 17th, 2010

11:45am – 12:45pm

Innovative Clinical Community Placements in the Business Community

Marian George, Ann Fisk - Red Deer College
Red Deer, AB

The Red Deer College nursing program, which is part of the University of Alberta Collaborative Baccalaureate Program in Nursing, has sought to develop innovative clinical community placements in the first year of the program. These new placements are needed not only to expand the number of available clinical placement but also develop student learning in exploring the full scope of practice for the registered nursing in the community setting. In this presentation we will share the development and delivery of innovative clinical placements, including barriers and enablers for the partnerships with the business community. These community placements offer a refreshing look at how nurses can collaborate and teach health promotion with the working population. Student, instructor, and business (employee and employer) perceptions on the process and out outcomes will be shared. One particular placement, a large retail chain with stores throughout North America, will serve as the exemplar. This example will not only demonstrate how clinical objectives were met but also how initiating strong alliances and partnerships helps promote sound practices that positively impact the health of adults who are part of the current work force. Ongoing development of new placements and the networking processes required to develop the placements will be shared. As well, suggestions on how to create Interprofessional health education experiences within this clinical setting will be identified.

Collaboration of Practitioners, Managers, and Educators in Developing National Community Health Nursing Student Clinical Placement Guidelines

Donna Meagher-Stewart - Dalhousie University School of Nursing
Marie Dietrich Leurer - University of Saskatchewan College
of Nurses

Sherri Buhler - Manitoba Public Health Managers

Benita Cohen - University of Manitoba School of Nursing

Morag Granger - Managers of Public Health Nursing Services
of Saskatchewan

Heather Pettulo - Canadian Public Health Association

Pat Seaman - University of New Brunswick Faculty of Nursing
Halifax, NS

Purpose: The CASN Public Health Sub-Committee, which consists of nurse educators and decision makers from across Canada, has a mandate to ensure that baccalaureate graduates of Canadian schools of nursing have the foundational knowledge to meet the Canadian Community Health Nursing Standards of Practice at an entry-to-practice level. This presentation will address the Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students that were developed by the CASN committee to promote the acquisition of this foundational knowledge. Methods: To assist in the development of the placement guidelines, the CASN committee undertook extensive consultations with community health nursing educators, managers and practitioners across Canada. Consultation activities in 2008 included a national survey, three consultation meetings held in conjunction with national conferences, and multiple focus groups. Based on these consultations, preliminary guidelines were drafted and presented back to stakeholders at the Canadian Public Health Association and the Community Health Nurses Association of Canada 2009 annual conferences. Revisions were made to the preliminary guidelines based on this feedback. Results: The document, Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students, outlines desired placement characteristics related to: (1) Community health nursing identity (2) Community health nursing scope of practice (3) Competent, well-prepared preceptors (4) Supportive environment for student learning. The Guidelines will be submitted to the CASN Accreditation Bureau as a benchmark related to community health. This presentation will have relevance for nurse educators, practitioners, and managers as they structure and optimize the opportunities for nursing student learning in community health placements.

C2
Grand East Large
Thursday June 17th, 2010
11:45am – 12:45pm

French Linguistic Minorities & Health Literacy: Issues Of An Emerging Social Determinant Of Health

Margareth Zanchetta, Mohamed Mohamed, Meigan Seito - /Daphne Cockwell School of Nursing-Faculty of Community Services, Ryerson University, Toronto, ON
Louise Racine - College of Nursing, University of Saskatchewan, Saskatoon, SK
Christine Maheu - York University, Faculty of Health, School of Nursing, Toronto, ON
Margot Kaszap - Faculté des sciences de l'éducation, Université Laval, Quebec, QC
Diane Masny, Claire Maltais - Faculty of Education, University of Ottawa, Ottawa, ON
Ines Cèsar - ABC Head Start Society, École Publique du Nord site, Edmonton, AB
Ghislain Sangwa-Lugoma - Consortium national de formation en santé, Campus Saint-Jean, University of Alberta, Edmonton, AB
Nancy Lussier - Toronto, ON

Focus - Health literacy of French-speaking families living within a predominantly English-speaking environment remains understudied. Aim- To understand the construction of families' health literacy rooted from experiences in accessing health care services. Methods- An exploratory multi-site qualitative pilot-study with 22 French-speaking families (French Canadian and immigrant from 8 countries) living in the provinces of Alberta, Ontario, Saskatchewan and Québec. Semi-directed interviews were conducted in participants' homes and researchers' offices. Interviews were digitally audiorecorded, transcribed, coded using ATLAS ti 6.0 qualitative software and analyzed through thematic analysis method. Participants were asked to report health stories and received care. Findings- Family physicians were the only reported source of health information. Despite Internet being reported as a common source of information, only two well-educated families described their strategies to critically appraise online information. Having no access to physicians explained other families' use of ethnocultural health knowledge to keep healthy and for alternative ways of treating minor diseases. Vulnerability due to acritical / low health literacy was not acknowledged contrary to their awareness of linguistic and semantical barriers to understand online information. Having no second official language policy generated astonishment and withdrawals of rights to receiving health care in French. Unanimous criticisms were about the lack of identification of French-speaking health care professionals mainly among nursing staff. Implications- Incorporating French education into the nursing curriculum, increasing the visibility of French-speaking nurse practitioners, expanding alliances/partnerships with French-speaking community groups, advocating for inclusiveness and hiring policies to hire bilingual nurses may attenuate the reported inequities. Social justice must guide work as educator for

health literacy for underserved populations when directly conveying health information. Magnet initiatives for French-speaking and bilingual nurses and inclusivity of linguistic minorities should be investigated. Key learning outcomes- Understand that belonging to a linguistic minority is an emerging social determinant of health.

A Step Toward Social Justice: Taking Action on Mould Issues in Social Housing

Windy Cloutier, Karine Mekkelholt, Mélanie Côté, Gabriel Domocos, Dominique Sinigagliesi, Mary Bonsu, Cheryl Armistead - McGill University
Longueuil, QC

Issue: Reaching social justice can appear like a utopic dream. Inequities in health persist in modern society. An undergraduate community health nursing (CHN) student team identified such inequities after conducting an 'environment and health' assessment of a major urban city. They discovered young single mothers and their children living in inadequate social housing. Building disrepair permitted water infiltrations which led to mould infestations and subsequent illness for vulnerable children and their mothers. The student team recognized that social status created an inequity whereby the residents did not have access to a home environment supportive of health. Solutions: Armed with social justice theory and expanding awareness of impact of environment on health, the student team developed a political action and advocacy project to act upon the inequities. Major features of the project include awareness-raising with the social housing residents; mobilizing this resident community to advocate to the governmental organization responsible for social housing; and partnership with the local public health unit. Immediate outcome objectives include awareness raising and individual and community capacity building. Medium range outcome objectives include access to improved living conditions and improved health for the residents. The ultimate goal is that social housing policy be improved to prevent similar situations for other residents. Implications for nursing practice: The audience will learn about impact of inadequate environment on vulnerable families, feasible strategies to act towards the goal of social justice, opportunities for CHN students to take on leadership roles in the community and the impact of curriculum that encourages students to integrate environmental health determinants into their vision of community health nursing.

D2
Sheraton Hall B
Thursday June 17th, 2010
11:45am – 12:45pm

Skills Online: Maintaining Quality, Demonstrating Impact

Karen MacDougall - Public Health Agency of Canada
Delta, BC

Health organizations value learning and professional development. However, continuing education programs are not always readily available or flexible enough to meet the needs of busy practitioners. In 2002, the Public Health Agency of Canada launched Skills Online,

an Internet-based, easily accessible, continuing education program for the public health workforce. The program is based on adult learning principles, and offers a series of facilitated modules relevant to public health practice in Canada. More than 3,500 learners, the majority community health nurses, from across Canada have completed one or more modules, and pilot projects have been successfully implemented in Australia and the Caribbean. Evaluation findings indicate that participation in Skills Online has both individual and organizational level impact. Learners gain an enhanced appreciation for the breadth of public health work, have an increased understanding of surveillance terminology and concepts, and demonstrate an increased willingness to collaborate and communicate within and across teams in their organization. This presentation will highlight how Skills Online is improving public health practice and the way practitioners interact in their work environments. Findings from recent Skills Online case study evaluations will be discussed including: personal and professional benefits; knowledge translation; barriers to participation; challenges for learners; and organizational attributes that support learning. Participants in this session will: 1. Increase their awareness of the Skills Online program; 2. Increase their knowledge about the individual and organizational benefits of Skills Online; 3. Gain an increased understanding of the challenges experienced by learners, and attributes of organizations that support Skills Online learning.

Connecting CHNs: Strategies to Create an Online Community

Maryann Kusmirski, Alison Nelson, Elaine Williams,
Roxie Thomsson, Lynn Corcoran, Rosemary McGinnis,
Tracey Forster, Judy Evans - CHNA Alberta
Calgary, AB

The purpose of this presentation is to describe the development of online communication and education strategies by a provincial organization of community health nurses (CHNs) in order to facilitate connections between CHNs in Alberta. Given the paucity of provincial organizations for CHNs, CHNA Alberta has the potential to be a catalyst for a national discussion on strategies to assist other fledgling provincial CHN organizations. It is hoped that these strategies will help to engage CHNs with the potential to inspire them to develop similar communities of practice in their province. In the last 5 years, a small group of concerned CHNs succeeded in establishing a new online organization for CHNs. CHNA Alberta has been filling the void in provincial CHN networking opportunities after the dissolution of the historical Alberta Community Health Nursing Society. CHNA Alberta has a strong foundation including a stable executive board, a membership of over 150 nurses, a self-managed website, and funding stability. Building on these strengths, in the last year CHNA Alberta has focused strategically on creating online members' activities that attempt to stimulate virtual connections with and build an online community. To that end, CHNA Alberta has created three innovative online strategies: 1) CHN Online Workshops; 2) CHN Connections; and 3) CHN News (electronic newsletter). CHN Connections involves providing a link to a short online video clip and related thought provoking questions to stimulate reflective practice. The video and questions are then connected to a Standard of Practice and other resources thus

interconnecting practice and theory. During this presentation, the audience will learn about the issues related to the development of these strategies, as well as preliminary findings related to use, uptake and response will be discussed. The audience will be encouraged to critique the virtual activities and share ideas to further engage the CHNs in various work settings.

E2

Sheraton Hall C

Thursday June 17th, 2010

11:45am – 12:45pm

Reducing Children's Unintentional Injuries and Increasing the Profile of Children's Injury Prevention Through Intersectoral Collaboration and Strategic Partnerships

Grace Dygas, Eva Sogopoulos - Toronto Public Health
Toronto, ON

The issue is that unintentional injuries are the leading cause of death and disability among children, even though 90% of injuries are predictable and preventable. A collaborative, coordinated and comprehensive approach involving strategic partnerships is required in order to address the prevention and reduction of injuries. The purpose of the project is to obtain the opinions of stakeholders, assess potential partnerships, plan and implement ways to collaborate, strengthen knowledge exchange and create a foundation for strategic partnerships. The project was conducted by reviewing research, interviewing representatives from selected organizations, transcribing interviews, analyzing data, developing themes, verifying, and reporting. The findings suggested that to reduce children's unintentional injuries, practitioners need to utilize a comprehensive approach involving strategic partnerships. Based on the results, successful collaboration and partnership engagement would require strong leadership, commitment to a common goal, designated resources and effective communication. The implications for public health nurses are that collaboration is essential to address the complexity of children's injury prevention and strengthen the capacity of internal and external stakeholders. By combining the resources and expertise, participants can benefit in multiple ways including knowledge exchange, increasing the profile of children's injury prevention and improving public health injury prevention programs within the community.

Baby Friendly Initiative Implementation and Change Theory at Peel Public Health

Angela Garrison, Thelma Vaz-Bozanic -
Region of Peel Public Health
Brampton, ON

The Baby Friendly Initiative (BFI) is a worldwide program of the World Health Organization (WHO) and UNICEF. Its principles include the work of community health services in the Seven Point Plan for the promotion, protection, and support of breastfeeding. Incorporating change theory is essential for implementing practices and policies such as the Baby Friendly Initiative. Change is

unpredictable and stressful and can lead to resistant behaviours. Conceptual change models help us visualize potential barriers to new processes and nurture colleagues to adopt new tools and strategic language. This presentation will focus on Peel Public Health's Baby Friendly journey in relation to relevant change theory and the strategies used to engage and enable staff, community partners and clients. Nurses working in the community are in a unique position to interact with colleagues and various disciplines to: 1) Focus messages to the prenatal population about informed decision making and health risks of formula supplementation 2) Develop resources based on Baby Friendly guidelines which are rooted in evidence 3) Mentor staff in other settings, such as hospitals and physician offices, to adopt evidence-informed practices and influence policies 4) Collaborate with hospital staff and policy makers to help identify ways to overcome barriers 5) Share information about current delivery experiences and early breastfeeding strategies (i.e. skin to skin) 6) Advocate as an active member in RNAO, Ontario Breastfeeding Committee and Breastfeeding Committee for Canada to serve as a change agent toward evidence-informed policy change. Key learning outcomes for this presentation include: 1) Develop an understanding of the Baby Friendly Initiative 2) Understand how the use of organizational change theory can facilitate the implementation of strategies in any community organization and hospital 3) Be able to name 3 actions that can easily be implemented in the community or hospital setting

F2

Grand West

Thursday June 17th, 2010

11:45am – 12:45pm

Implementing Evidence-Based Programs in School Communities

Amber White, Stasia Starr, Karling Zaporzan -
Thunder Bay District Health Unit
Thunder Bay, ON

Public health works with schools to identify strengths and challenges in implementing curriculum and school support for healthy school communities. A gap in resources and support to carry out a comprehensive school health approach in physical activity and nutrition was identified. An innovative program, Healthy Buddies™ produced by the Children's and Women's Health Centre of British Columbia, was determined to be an initiative that might address both implementation and resource issues. The process of adapting this leading practice for use in local schools began by introducing the program to school board stakeholders to gain support, and for assistance in promoting the program to target schools. A roll-out plan and implementation timeline was created. For ease of implementation at the school level, part of this plan included tailoring the program to meet provincial curriculum expectations. A process evaluation was developed to assess the time, resources, and support required in implementing this program. Finally, a sustainability plan was created to ensure a lasting impact. The results obtained are two-fold. At the school

level, we have seen an increase in healthy attitudes and behaviours in students and staff, as well as a positive impact on the social climate of the school through the peer-led approach of the program. The second result has been the successful implementation of best practices in unique and diverse communities through an evidence-based program. Through the key learnings, this process can be used by nurses in various settings and contexts to implement other leading practices. Key steps for successful implementation include: 1) Involving key stakeholders in the planning stage to ensure their needs would be met, 2) Tailoring the program to meet both local and provincial needs and requirements, 3) Obtaining buy-in from peers and the community to enhance support, 4) Developing a sustainability plan that involved stakeholders throughout.

Making Healthy Eating and Physical Activity Happen in Elementary Schools!

Sue Schnurr, Christine Callaghan - Middlesex London Health Unit
London, ON

Child overweight and obesity have become prominent health concerns in Canada. In 2004, the Canadian Community Health Survey reported that 26 percent of Canadian children (ages 2 to 17) were overweight or obese. Early life experience has a direct impact on children's health later in life and the subsequent development of preventable chronic diseases. A person's weight is affected not only by what they eat and how active they are, but also by the environments in which they live, learn, work and play. Since children and youth spend a significant portion of their time in school, it is reasonable to use schools as natural settings to deliver programs on healthy lifestyles. Public Health Nurses (PHNs) can make a difference. Learn how PHNs engage students, school administrators, teachers and parents by promoting and setting examples of healthier lifestyle choices in 150 elementary schools. Strategies such as the Healthy Living Champions Award, Nutrition Tools for Schools and the Families are Munching campaign are offered to schools in our jurisdiction with significant positive outcomes. These programs were developed in consultation with schools and utilized the expertise of interdisciplinary colleagues such as dietitians, health promoters and program evaluators. The partnerships with local school boards (English and French) and private schools engaged whole school communities to initiate changes that promoted healthy eating and an active lifestyle. This practical presentation will exemplify real life stories about the successes and challenges met when implementing healthy eating and physical activity strategies into elementary schools. Participants will leave the presentation with ready-to-use tools and examples that can act as a catalyst to inspire and empower their local school communities to become healthier places to grow, learn and play.

A3

Grand Centre

Thursday June 17th, 2010

2:00pm – 3:00pm

Meeting Competency Requirements: Inspiring Excellence in Practice

Eva Sogopoulos, Marg Hulin, Katie Dilworth -
Toronto Public Health
Toronto, ON

Quality services in the community depend on excellence in practice by community health nurses (CHNs) and interprofessional staff who participate in ongoing professional development. The Healthy Living directorates at Toronto Public Health required a Professional Development Tool to promote professional growth and development, assist staff in creating learning objectives and an action plan, as well as support regulatory college reflective practice requirements. The purpose of the project was to develop a self reflective tool based on the PHAC core competencies for Public Health Nurses and interprofessional staff. A tool, glossary and guidelines were developed which incorporate a consultative process between staff, managers and colleagues. The tool was piloted and evaluated revealing its usefulness in the identification of professional development needs and resulting action plan. CHNs, and interprofessional staff in any setting or context, can use this tool or easily adapt it to their particular setting. Excellence in professional practice is promoted as CHNs or interprofessional staff improve their growth and development in such areas as leadership, communication, and diversity competence. As an organization, proficiency in public health competencies will ensure inter-professional service delivery that is evidence-based, population-focused, ethical, equitable, and client-centred. A highly skilled and diverse workforce enhances the health of individuals and communities. Participants at this session will learn about the tool, the development process, the initial evaluation results and adaptation for use in other program areas.

Placement Factors that Contribute to Student Confidence in Community Health Nursing

Elizabeth Diem, Alwyn Moyer - University of Ottawa
Ruth Schofield - McMaster University
Cindy Hunt - Humber College
Ottawa, ON

Considerable time, effort and resources are involved in designing and providing community clinical placements for baccalaureate students, yet very little evidence is available on what placement factors promote student learning. The purpose of this project was to identify factors promoting confidence in using community health nursing skills. Three programs on six Ontario sites participated in the study. Although each program placed students in teams, each varied in the length of the community placement, the number of clinical days per week and the size of the teams. Ethical approval was obtained for each program. Over 450 students completed measures of 'Confidence in Using Public/Community Health

Nursing Skills Scale [Confidence Scale]' and a 'Satisfaction with Team Projects Scale [Satisfaction Scale]', at the end of their clinical placement. The Confidence Scale, was developed from the Canadian Community Health Nursing Standards, U.S. policy documents, and feedback from students on what was meaningful in their clinical experiences. The Satisfaction Scale was developed from the analysis of student comments on what was and was not satisfying. Statistical analysis was used to compare differences among programs. The findings show differences in satisfaction and clinical confidence between programs related to some of the placement factors. In addition to providing valuable information on clinical learning, the two scales can be used to evaluate clinical placements for nursing programs using team placements. Further action is needed at the national level to define more characteristics associated with improved outcomes for community placements. Key learning outcomes for this presentation are to identify the factors which support the development of community health nursing skills important to students and to provide an approach to evaluating community clinical learning with practical, easy to use tools.

B3

Sheraton Hall C

Thursday June 17th, 2010

2:00pm – 3:00pm

A Collaborative Model for Cultivating Communities of Practice

Judith Burgess - University of Victoria
Linda Sawchenko - Interior Health Authority
Victoria, BC

Communities of Practice (CoPs) are gaining recognition in the health sector for fostering learning networks, knowledge exchange, and practice innovations. Benefits to participant members include learning together for performance enhancement, managing an ever-increasing amount and complexity of knowledge, sharing explicit and tacit expertise for practical application and innovation, and enriching meaning and commitment in a particular field of work. However, tension between the participants' needs for personal growth and the organization's management of the bottom line has been reported. Further understanding is needed regarding the benefits to the health organization, and the role of the organization and its leaders in supporting development of CoPs. This presentation addresses the issue of balancing the personal and corporate agendas and presents a third alternative. A collaborative model for cultivating CoPs is described, in which the common and unique concerns of health leaders from the top-down and practitioners from the ground-up are attended to, and strategic health care improvements are thus mutually generated. A health services study with two British Columbia Health Authorities was undertaken, in which nurse practitioners (NPs) and health leaders engaged in participatory action research to examine the effects of collaboration on advancing NP role integration. The formation of CoPs was a strategy employed by the Health Authorities to support NP role implementation within the organizations and NP role integration within program settings. The presenters report on the Interior Health Authorities collaborative approach with NPs to cultivate a CoP, and how this model served to advance NP role

implementation and integration. The study findings revealed five characteristics of a collaborative CoPs model, including sanctioned collective identity, knowledge exchange network, practice discovery and innovation, generating meaning and value, and power sharing for strategic improvement. The principles that underpin this CoPs model will also be highlighted and implications for other nursing contexts discussed.

Enabling Professional Networking: Building Leadership and Excellence in Professional Practice through Communities of Practice

Janet Purvis - VON Canada, New Glasgow, NS
 Nan Cleator – VON Canada, Muskoka, ON
 Rebecca King - VON Hastings, Northumberland Prince Edward

The sub theme most relevant to this abstract is Enable evidence-informed practice, policy, and education. Dwindling health care resources and an increasing complexity of clients being managed in the community has meant that health care organizations must enable safe and effective practices in creative ways. Communities of Practice were established to support emerging leaders and professional development. This provided a forum for those who have a shared interest to identify issues in practice, promote knowledge exchange in leading practice change, and build organizational capacity. Home Care is a mobile environment, and it is challenging for individuals to come together to discuss practice issues, and to learn from others. The communities of practice utilize technology as an enabler to build a professional practice culture and to meet and stay connected. Although initially the groups were developed in a similar fashion, since their initiation they have evolved to be quite distinct and representative of their areas of interest and focus. Post implementation evaluations revealed that these groups value their time together and feel supported in their roles. They have a better understanding of each other and problem solve together using anecdotal and best practice evidence. It has been an excellent venue for information sharing and enabling a better understanding of what is happening in practice. Participants in this presentation will gain an understanding of the effectiveness of using Communities of Practice to develop leadership and excellence in practice and how to facilitate groups to evolve to meet their needs and goals in any practice setting.

C3
Sheraton Hall A
Thursday June 17th, 2010
2:00pm – 3:00pm

Clean Hands in Communities Kits (CHICK)
 Joan Mikkelsen - Capital Health, Halifax
 Dartmouth, NS

Title: Clean Hands in Communities Kits 'CHICK' Date: January 17, 2010 Person Submitting: Joan Mikkelsen Goal of Session: This session will share with attendees a project that was developed to enhance hand hygiene activities in School Communities through the delivery of best practices in hand washing techniques. Abstract: CHICK is a resource designed and created by the Public

Health Resource Working Group for the Capital Health School Health Program. In the Spring of 2009 School Health Program staff recognized that they must be prepared to deal with requests from schools for information and resources in response to the impending H1N1 pandemic. A multi-discipline group of Public Health staff came together in the summer as a community of practice to strategize how they might respond to the school requests for health promotion activities. It was decided that the School Health Program staff would focus on best practices in hand, cough and sneeze hygiene education. Objectives: At the end of this session the participant will be able to: • Identify the principles of Communities of Practice • Engage in knowledge exchange through a Community of Practice • Share an innovative approach to deliver best practices in hand washing techniques. School communities would be provided with hand hygiene kits to use for health promotion activities related to hand hygiene. Many activities were based on a peer education model as Public Health staff was to be deployed to mass immunization activity during the H1N1 Pandemic. References: 1. Wenger, Etienne. (2004). Communities of Practice: learning, meaning and identity. Cambridge, UK: Cambridge University Press. (Original work published 1998) 2. Wenger, E. (1998, June). Communities of practice: learning as a social system. Systems Thinker [On-Line serial]. Available <http://www.co-i-l.com/coil/knowledge-garden/cop/lss.shtml> 3. Wenger, E. (1996, July/August). How to optimize organizational learning. Healthcare Forum Journal. [On-Line serial]. Available <http://www.co-i-l.com/coil/knowledge-garden/cop/olarning.shtml>

A Public health International Partnership
 Marie-Claude Lang - Ottawa Public Health
 Ottawa, ON

Our public health unit participated in a city-to-city partnership and worked collaboratively with a municipality in Ghana on the adaptation, implementation and evaluation of an existing hand hygiene program called “Be a germ stopper!” (BAGS). Two of the goals of the partnership were to strengthen the capacity of municipal staff to develop/adapt, implement and evaluate a hand hygiene program in elementary schools, and to strengthen the capacity of elementary school teachers to promote healthy behaviors and prevent infection through proper hand-washing practices. To achieve them the work was accomplished during five collaborative meetings termed ‘missions’. During these missions a proposal was written with a rationale, objectives and timelines; a work plan was developed; KEEA health and education workers were trained; participating schools implemented and evaluated the BAGS program. This partnership gave health and education workers in KEEA the tools and knowledge to implement a simple, evidence-based, hand hygiene program. In KEEA they now have 25 health and education workers and 57 teachers trained on BAGS. The participating schools gained resources (running water, soap, towels); students learned the importance of good hand hygiene, improved handwashing practice and shared their knowledge with their parents. We demonstrated that a strong partnership with other stakeholders was key for success. Two public health units from two different countries were able to work together on a common goal

and succeed. Infection control programs can be applied in many settings where nurses work. Public health nurses working with partners can learn from our experience and apply similar steps to develop strong relationships with them. We believe our success was in part due to competencies public health nurses utilize during this partnership i.e.: Program Planning; Assessment and analysis; Partnerships, Collaboration and Advocacy; and Diversity and Inclusiveness.

D3
Sheraton Hall B
Thursday June 17th, 2010
2:00pm – 3:00pm

Analysis of Peer Support as a Resource for Recovery for Mental Health Consumers

Kathryn Vincer, Dr. Donna Meagher-Stewart - Dalhousie University
Dr. Linda Bayers - Self-Help Connection
Halifax, NS

Analysis of Peer Support as a Resource for Recovery for Mental Health Consumers The purpose of this presentation is to discuss peer support as a health promotion strategy and the role of Community Health Nurses (CHNs) in peer support and mental health recovery as studied in a Master of Nursing Policy Health Practicum in 2009. Mental illness is the largest category of disease affecting 20% of Canadians and 25 % of the workforce. Despite Canada's universal health care system, access to mental health services is limited. It has been demonstrated that peer support is a useful alternative to mental health service by increasing accessibility, reducing hospitalizations, enhancing coping mechanisms, and increasing personal skills of the peer and peer provider. Partnering with mental health consumers and listening to their evaluations of effective peer support programs and building on those strengths are key recommendations of the 2007 Mental Health Commission, chaired by Senator Michael Kirby. This presentation will address the following objectives: 1) critique of the relevant frameworks and literature related to peer support and mental health recovery 2) identify practical approaches to integrating peer support in the mental health recovery process 3) demonstrate the role of CHNs in peer support and mental health recovery with reference to the Canadian Community Health Nursing Standards of Practice (CCHN S of P), and 4) discuss implications for mental health policy. The Standards guide CHNs in their practice with mental health consumers and community partners to improve programs, services, and policies, and to view community health nursing within a broad environmental context. In fitting with the conference theme of partnership and collaboration, the presentation will be of interest to community health nursing practitioners, decision makers, researchers, and educators, particularly those interested in the reorientation of mental health services.

Workplace Stress and Resilience - Developing a Culture of Support: Community Capacity Building Principles in Action

Alina Isaac, Nancy Kwan - Toronto Public Health
Toronto, ON

Psychosocial wellbeing of staff is recognized as essential for effective response during an emergency. A new peer support program being developed within a large urban public health organization shows that a culture of support for employees can build capacity and foster resilience in the workplace during times of stress. A recent organizational operation provided an opportunity to put peer support principles into practice. Our experience at one particular site highlights not only the benefits of a local work environment that champions peer support values, but also the power of this process to attract and inspire at the individual, group, and organizational level. An overview of the processes involved will explore: 1. the evolving role of the staff in supporting their peers; 2. the process of actively promoting a culture of support through innovative, strength based approaches, including advocacy and getting buy-in from participants; 3. practice based evidence – using staff feedback & responses for the iterative process of program development; 4. understanding that flexibility and a focus on group process vs standardized, cookie cutter approaches, are the key guiding principles for a living, breathing, self-sustaining culture of support. LEARNING OUTCOMES: Participants will: Develop an understanding of how to apply principles of community capacity building and communities of practice to create a workplace culture of support. Identify key steps in the process of collaborative leadership and team-building that led to buy-in by staff and management. Understand the importance of peer support in increasing employee resilience and mitigating the stressful effects of work Obtain practical ideas for developing a culture of support within their own organizations.

E3
Grand East Large
Thursday June 17th, 2010
2:00pm – 3:00pm

L'étendue de la conscience critique chez les professionnels francophones de la santé et des services sociaux en Ontario sur la littératie en santé en situation linguistique minoritaire.

Margareth Zanchetta, Nathalie Wong - École des sciences infirmières Daphne Cockwell, Faculté des services communautaires- Université Ryerson
Christine Maheu - École des sciences infirmières, Faculté de la santé, Université York
Christiane Fontaine - Regroupement des intervenants francophones en santé et en service sociaux de l'Ontario
Toronto, ON

Question traitée- La littératie en santé est un nouveau défi pour la concertation entre chercheurs universitaires et planificateurs/gestionnaires de ressources humaines en santé quant à l'innovation aux programmes de recherche, compétences professionnelles et

alliances communautaires. Méthode- Trois ateliers de vulgarisation scientifique des données canadiennes, ont été offerts dans les villes de Sudbury, Toronto, et Ottawa, avec 44 intervenants de première ligne, professeurs universitaires et étudiants dans des programmes de santé et de services sociaux. La base philosophique a été la conscientisation critique de Paulo Freire. Une étude évaluative des effets de l'atelier s'y ajoutait. Les discussions en groupe ont été enregistrées, transcrites et analysées en utilisant la méthode d'abduction en communication. Résultats- La logique de la pensée des participants est ancrée dans la complexité dans laquelle ils prodiguent des services. Les participants ont critiqué leurs interventions, veulent innover leurs pratiques et sont devenus enthousiastes pour développer leurs connaissances. Les participants ont aussi pris conscience des multiples barrières qui existent limitant la communication entre eux et leur client visant l'amélioration de leur santé telles que barrière culturelle, de langue, et d'accents. Conclusions/Solutions- Si on s'attend de plus en plus à ce que les personnes interviennent dans les décisions comprenant leurs soins de santé, il devient alors crucial de mettre en évidence la nécessité de mieux comprendre les interactions entre le niveau de littératie en santé, les groupes cibles, les compétences des professionnels, et spécialement celles des infirmières et l'impact sur la santé de la population en général. Conséquences- Les actions politiques plus musclées sont nécessaires pour défendre l'inclusion des ces minorités dans les plans de services de santé communautaires. Résultats d'apprentissage clés- Comprendre que la littératie en santé chez les populations vivant en situation linguistique minoritaire se traduit en vulnérabilité sociale et en accès inégal aux services sociaux et de santé.

An Inspiring Story: Engaging with a Cardiac Care Unit Enables a Home Health Agency to Develop a Home IV Inotrope Program

Kimberly Dalla Bona, Maureen Hubbert, Kathleen Wilson -
Saint Elizabeth Health Care
Markham, ON

Issue/Project Purpose Inotropes are drugs that increase myocardial contractility, and are used to support cardiac function. For the most part, these medications are used for the temporary management of acute heart failure that is refractory to standard therapy. However, these medications are occasionally used as a palliative measure for patients with advanced heart failure and refractory symptoms. These drugs are usually administered on a Cardiac Care Unit (CCU) because of extensive monitoring and titration requirements. The implications associated with quality of life for a palliative patient requiring continuous intravenous (IV) infusion of an inotrope are significant. These patients spend their palliation within the confines of a CCU. Saint Elizabeth Health Care, working with and engaging University of Toronto Hospital Network, has developed a Home IV Inotrope Program. Through environmental scanning, expert interview and literature review, we were able to determine eligibility criteria, critical points and monitoring parameters. These were integrated into a comprehensive program, learning package and evaluation strategy. Patients with Heart Failure who are stable on an IV Inotrope infusion and who are unable to be weaned off the drug, may now be eligible for discharge home on IV Inotrope therapy.

Conclusions/Solutions We will use a “real” case study example to demonstrate the effectiveness of this program, in enabling one client to return home. Participants will hear how this program impacted a client and families quality of life as well as how engaging with an acute care centre changed the “face” of community health nursing for a CCU. Participants will learn, through a truly inspiring client story, the process of developing this program, detailed information about the program and will be able to translate the process to the development of similar innovative programs designed to target patient populations historically cared for in an acute care setting.

F3
Grand West
Thursday June 17th, 2010
2:00pm – 3:00pm

Seizing the Opportunity – Enabling Nurses and Building Nursing Capacity During H1N1

Karen Beckermann - Toronto Public Health
Toronto, ON

Issue: H1N1 pandemic presented many challenges for public health nurses but also opportunity. During times of high stress and work intensity nurses and workplaces often focus on doing and neglect learning and expertise development. Investigating adverse events following immunization (AEFI) reports is part of routine public health practice, ensuring vaccine safety and public confidence in immunization. The process involves collecting and analyzing information to determine if the AEFI meets case definition and sharing this information with provincial and federal authorities. Because the number of AEFI is relatively low nurses and other health unit staff often lack expertise in AEFI investigation. Solution: In our health unit we investigate ca. 60 reports per year. During eight weeks we investigated over 300 reports related to H1N1 vaccines. This provided an opportunity for nurses to build capacity and expertise in AEFI investigation. In the midst of the stress and fast-pace of fall 2009 we took the opportunity to have daily meetings with nurses investigating AEFI. During these meetings nurses presented cases, with discussions and debates about ‘case definition’. We used the literature and consultation to better understand case definition criteria, AEFI investigation, and to ensure standardization of case definition assignment. Outcome: There are a number of positive outcomes from our experience. Nurses:

- increased their AEFI knowledge and developed expertise in AEFI investigation
- became ‘AEFI experts’ in the health unit and became resources to others (namely health unit physicians and managers) better understand AEFI and the purpose and importance of an AEFI investigation
- increased the quality of the work by ensuring consistent interpretation of AEFI case definition
- experienced a ‘crisis’ as an opportunity and felt supported by their workplace

Come hear about how one health unit ‘seized the opportunity’ to increase nurses’ skills and expertise during the recent pandemic.

Through Sleet, Snow and Storm: Delivering a Mass Vaccination Campaign in the Northwest Territories

Anna Bergen, Jen Buck - Government of the Northwest Territories, Department of Health and Social Services
Yellowknife, NT

Four community health nurses working at a department of health and social services took the lead in planning and executing one of the northern territories' largest ever mass vaccination campaigns. Their goal was to reduce the morbidity and mortality associated with the H1N1 influenza using a model of mobile vaccinating teams of nurses and logisticians who traveled throughout the territory. Overcoming obstacles such as lack of human resources and logistical complications (including extreme weather, remote winter travel, cultural and linguistic barriers and maintaining a cold-chain at temperatures ranging between +25oC inside to -35oC outside) the nurses and logisticians achieved the goal of slowing the spread of H1N1. In a northern territory with a small population and a massive land mass where many communities can only be accessed by air or water, we have one of the highest incidences of infant mortality, high rates of communicable diseases and low life expectancy. Facing the H1N1 pandemic with these statistics was a challenge. Having eight separate governing health authorities presented administrative, logistical and human resource challenges to delivering health care in this pandemic situation. In the territory the majority of primary health care is delivered by community health nurses. Working collaboratively with the inter-disciplinary team (nurses, physicians, community health representatives, Non-Governmental Organizations and First Nations organizations) by teleconference and meetings, we engaged our colleagues in the planning and implementation stages. The public was engaged through public service announcements, call-in radio shows in the official languages and press conferences. Community partners included nursing students who assisted in delivering the vaccine, the Canadian Military (Rangers), the Salvation Army volunteers and many others. This innovative campaign has presented a template for future pandemic planning and proved to be an inspiration of excellence and action in nursing practice.

A4
Grand Centre
Thursday June 17th, 2010
3:15pm – 4:15pm

Narrative Reflective Process: Helping Students Transition into Community Care Nursing

Patricia Robinson - Ryerson, George Brown,
Centennial Collaborative BNSc Program
Judith Franks, Debbie Cameron - Centennial College
Trish Robinson - George Brown College
Jasna Schwind - Ryerson University
Toronto, ON

Third year nursing students experience a challenging transition from direct-teacher supervision in a hospital setting to a self-

directed community placement. Students move from the team approach hospital based medical model to the autonomous practice of the community care model. Narrative Reflective Process (NRP) (Schwind, 2008) was chosen to help students move more mindfully into community care nursing. NRP is a creative tool that stimulates reflection on personal and professional experiences through storytelling, metaphors, creative writing, and drawing. This reflective process finds its philosophical roots in Dewey's (1963) work on experience and the narrative inquiry (Clandinin & Connelly, 2000). At the outset of the academic year students engage in reflective journaling, exploring their feelings, beliefs and fears about the upcoming year in community nursing. As the reflective process evolves from personal self-knowledge to professional self-awareness, the students gain a deeper appreciation of their role within community nursing. Feedback from the students speaks of initial challenges of engaging in narrative reflection and the eventual appreciation of its benefits in their personal and professional roles. According to the RNAO BPG on therapeutic communication, nurses' self-knowledge is required before they can effectively engage in professional therapeutic relationships with those in their care. The transformative experience of narrative reflection helps students understand who they are in relation to the community within which they provide care. This process helps them give voice to new feelings; explore their attitudes and beliefs about community nursing and make meaning of therapeutic and professional relationships. When nurses understand, respect and value who they are, they have a better chance of doing the same for those in their care. The audience will learn: • How teachers creatively assist students in making sense of their transition from hospital to community nursing • About the NRP and its possible uses in education and practice

Innovative Approaches for Integrating Community Health Nursing in the BScN Curriculum

Cindy Versteeg, Sherry Poirier - Algonquin College
Ottawa, ON

Valantis et al (2008) working with the Canadian Association of Schools of Nursing (CASN) subcommittee on Public Health identified a number of enablers and challenges that influence the integration of community health nursing into the undergraduate nursing programs in Canada. During a recent restructuring of the BScN curriculum, community health nursing faculty were presented with challenges when community health nursing hours were reduced by 50 percent (from two semesters of theory and practice to one semester). The 'champions' of community health amongst the faculty, turned the challenge into an opportunity by reviewing the entire curriculum and attempting to integrate community health nursing concepts across the entire 4 year curriculum. Evidence has shown that in order for students to understand the primary health care philosophy, there is a real need to move away from teaching and compartmentalizing community health nursing into a specialty area. It is suggested that primary health care principles and community health nursing strategies need to be introduced or reinforced as part of all nursing specialties such as childbearing, mental health and even acute care. This presentation will share the

creative approaches that faculty have utilized and are continuing to pilot in an attempt to integrate community health nursing content and practical activities throughout the curriculum. For example, year two students participate in primary, secondary and tertiary prevention learning activities in the community and long term care setting. Additional examples and enablers will be presented, along with a discussion of the challenges for integrating CHN concepts throughout the undergraduate curriculum.

B4
Grand West
Thursday June 17th, 2010
3:15pm – 4:15pm

Improving the Uptake of BPGs: One Agency's Experience with the PARIHS Framework
 Charlotte Koso - CarePartners
 Moffat, ON

The Promoting Action on Research Implementation in Health Services (PARIHS) Framework is an excellent resource for the successful implementation of Best Practice Guidelines (BPGs). Through this presentation, attendees will learn how to integrate the PARIHS Framework into BPG implementation, become aware of potential challenges and barriers, and hear about how we overcame them. During the completion of a Registered Nurses Association of Ontario (RNAO) Advanced Clinical Practice Fellowship, the potential benefit of applying the PARIHS Framework to community nursing was identified through a literature review. The goal of the Fellowship focused on developing expertise in implementing BPGs through learning theoretical/practical applications, coupled with perfecting a range of strategies that facilitate knowledge translation and change in practice/behaviour of community nurses. Our Community Nursing Agency, as an RNAO Best Practice Spotlight Organization candidate, is implementing four RNAO BPGs utilizing RNAO's Implementation of Clinical Practice Guidelines Toolkit. It is our belief that the PARIHS Framework is a valuable addition to this toolkit as it links the interrelated concepts of evidence, context and facilitation, elements central to the successful implementation of BPGs. We utilized this framework by conducting an assessment of our current practices. The results of the assessment were then used to identify strategies targeted at improving indicators that scored low on the framework's scale. Some actions identified were already embedded into the planned BPG implementation strategies, others were incorporated where possible. One specific challenge was the difficulty in accessing timely client data due to lack of electronic client documentation in the community. It was identified that the benefits derived from applying the PARIHS Framework infused through all levels of the agency's strategic initiatives, impacted staff ranging from senior management to front-line nurses, administrative staff, and also the broader healthcare community. In particular, the benefit to clients and families was noteworthy.

Client Centred Care Satisfaction Survey: Seeking Feedback from Sexual Health Centre Clients
 Susan O'Neill, Sandy Dupuis, Christine Diadamo -
 Niagara Region Public Health
 St. Catharines, ON

A review of data collection from 2500 exit surveys completed by clients from three sexual health centre locations across Niagara Region will be reviewed with the intent to modify/change practice. Niagara Region Public Health was chosen by the RNAO to become a Best Practice Spotlight Organization and the introduction and utilization of evidence-based best practice guidelines(BPG) to guide nursing practice was embraced and supported. The Sexual Health Program identified 'Client Centred Care'(CCC) as the RNAO BPG to focus efforts on. This BPG allows a comprehensive and innovative approach that views clients as 'a whole'. To assess the impact of nursing care, the need to elicit client feedback was identified. An Exit Survey was developed with the objective to seek feedback from clients about the quality of nursing care in relation to the values and beliefs of client centred care, with the intent to modify/change practice based on feedback from clients. In this session participants will gain knowledge of the RNAO CCC BPG and learn how to measure the values and beliefs of CCC. Overall 2500 surveys were completed. Preliminary results suggest clients are satisfied with sexual health services, however issues regarding wait time, hours of operation, and 'too much information' were identified. Qualitative feedback from clients on how to improve services will be reviewed. This will provide invaluable information to make a difference and move forward to improve client care from a client's perspective. Knowledge to action strategies will be discussed. The sub-theme that is most relevant to this presentation would be the 'enable' component. This project has enabled us to utilize evidence based practice to develop a survey tool to elicit feedback and make a difference in our approach to care.

C4
Sheraton Hall A
Thursday June 17th, 2010
3:15pm – 4:15pm

Leveraging Technology and Building a National Learning Centre to Reach Mobile Home Care Nurses - Can It Be Done?
 Heidi Carr - VON Canada
 Sandra MacDonald - VON Halifax
 Halifax NS

As a national home care organization , enabling front line nurses to have access to professional development and continuing education opportunities is a real challenge. This organization Implemented a National Learning centre which allows nurses access to courses offered in the organization, online discussion forums and education available in a variety of modalities to meet varied learners preferred format - "just in time and just for me" any time of day or night. In addition, web conferencing technology was acquired to facilitate education sessions which allows managers and educators to

introduce education to nurses in a learner centred approach. Outcomes: During our organization's 2009 Survey with Accreditation Canada the Learning Centre was highlighted by the surveyors for its accessibility and ease of use and it was noted that frontline staff were aware of and used it. The Learning Centre is also consistently in the top 5 areas visited by staff within the Intranet on a monthly basis. This learning initiative is instrumental in preparing community nurses for further innovative technologies to build skills and capacities. Relevance to others: Other community based organizations, or those with geographically dispersed workforces should consider development of a virtual learning centre to optimize nurse's clinical capacity and knowledge. Participants of this session will learn how technology can play a vital role in educating mobile nurses and how a learner centred approach can be fostered through technology.

Transforming PHC Education: A Three Step Approach to Integrating Research-in-Action

Geraldine Jody Macdonald, Carol Gurney, Joanne Louis, Catriona Mills - University of Toronto
Toronto, ON

This presentation highlights the purposeful decision of a team of experienced faculty members to integrate research into three assessment components in a PHC praxis course. Research was integrated into an ungraded clinical discussion and two graded student assignments for the 2009/2010 academic year. The ungraded clinical discussion followed a new class on 'PHC Research in Action' presented by faculty members. In small clinical groups following the lecture, students were guided to consider a researchable question in their current community clinical practice. A graded, group seminar presentation was adjusted to conclude with the identification of a gap in knowledge and the development of a brief outline of a research proposal for a future research study that would develop the knowledge based, promote health, and inform best nursing practices. The proposal was limited to one power point slide. Faculty developed a new scholarly community paper assignment requiring students to write an article for an imaginary community journal. Integrated into the conclusion of the article is the need to identify a gap in knowledge with at least one key supporting reference, a researchable question, the type of research tradition, the sample size, inclusion/exclusion criteria, method of data collections and an approach to data analysis. This was expected to take .5 to one full, double spaced page. The addition of the ungraded clinical discussion and two graded assignments that integrated a research question/proposal was successful in clarifying the value of research within CHN practice. Students adapted well to the new requirements, the class average remained similar to the previous year, and faculty felt they had made a significant improvement in the PHC course. CHN educators are encouraged to consider this three step approach to explicating CHN research within a theory and/or praxis course. Transformative learning theory will support this presentation.

D4
Sheraton Hall B
Thursday June 17th, 2010
3:15pm – 4:15pm

Promoting Evidence-Informed Decision Making Through a Knowledge Broker Mentorship: Evaluation Results

Sue Fernane, Adele Lane - Peel Public Health
Kara DeCorby, Paula Robeson - health-evidence.ca
Maureen Dobbins - McMaster University
Brampton, ON

"Engage, Enable, Inspire" Abstract Submission-Oral Presentation Issue, Focus or Project Purpose: As follow up to the June 2009 conference presentation, this project shares the results of knowledge broker mentorship within a public health unit and how evidence-informed decision making (EIDM) has enhanced nursing practice. EIDM involves the incorporation of the best available research evidence along with other relevant sources of information for public health practice, program, and policy decisions; however gaps between this ideal and actual practice exist. This project explored whether and how a knowledge broker working collaboratively with public health decision makers facilitated EIDM. Findings: Interviews were conducted in December 2009-January 2010 with the program specialist, manager, health promotion officers, divisional director, and knowledge broker to understand perceptions of progress made over the year, as well as challenges, barriers, and facilitators to EIDM. Evaluation of brokering in this context suggests that this practical, tailored approach to mentorship and skill development a) facilitated individual learning b) supported the development of internal supports for EIDM and c) enabled the identification of organizational barriers including the need for coordination of activities under an overall strategic plan. A mentoring approach by the broker gave a clear structure to the EIDM process including a series of steps, hierarchy of evidence, and a number of tools and resources. The experience of mentoring changed staff members' perspective on using evidence and promoted streamlining of the EIDM process within the organization. Key Learning Outcomes: Evaluation results will be presented along with the collaborative work and resources developed and/or applied. Participants will learn of an innovative approach to promoting EIDM at the individual and organizational level, with strategies that may be transferable to other organizations. Nurses will gain an understanding of the importance of evidence as one of the sources of information when examining practice or programs.

Getting to Know the Public Health Clinical Nurse Specialist: Leadership in Action

Ethylene Villareal, Sharon Michael - Region of Waterloo
Public Health
Waterloo, ON

Issue: The role of the Clinical Nurse Specialist (CNS) is not well defined in any Public Health literature. The lack of role clarity can lead to confusion and ambiguity. Literature has focused primarily on

the role of the CNS within a hospital setting and the scope of CNS accomplishments is not completely captured. Therefore, the reflective practice of two Clinical Nurse Specialists will be explored to facilitate understanding of this evolving role as a strong and inspiring leader in the public health setting. Description of How Issue Was Addressed: The CNS is a relatively new role within Canadian Public Health settings. One Ontario public health unit has created an environment receptive to the advanced practice nurse role. Over the past two years, the CNS has taken on many roles from clinician, consultant, leader, advocate, educator, researcher and community liaison. The CNS helps to highlight College of Nurses of Ontario standards of practice and professional obligations as they relate to public health nursing. The CNS is a voice for public health nurses and the client, bringing issues forward and strategizing clinical solutions with decision-makers (e.g. recent H1N1 experience) and policy makers. Evidence-informed practice is brought to nurses and the community through training, preceptoring, mentoring and research. Key Learnings: The multi-faceted role of the CNS contributes to quality nursing through evidence-informed practice and supports the nurses' ability to provide safe, effective and ethical care and service. Further work is required to assist with knowledge transfer and expand current understanding of this role within public health. Conclusions: Sharing experiences of CNS work in the public health setting is one way to build an evidence base for practice and contribute to a broader understanding for nursing colleagues and validate its value for management and the health department.

E4
Sheraton Hall C
Thursday June 17th, 2010
3:15pm – 4:15pm

Enhancing Existing Community Health Capacity and Infrastructure by Focusing on the Integration of Inuvialuit, Gwich'in, and Western Medicine Approaches to Palliative Care

Jane Smith - Beaufort Delta Health and Social Services Authority
Stephaine Bauhaus - Student University of Alberta
Crystal Lennie - Inuvialuit Regional Corporation
Inuvik, NT

Life expectancy of Aboriginal Canadians has increased by over 8 years since 1980, and more elders are living past the age of 70 years, resulting in chronic health problems that may eventually require palliative care. Cultural traditions and beliefs define what is considered legitimate care. However, the current practice of implementing western health practice in northern aboriginal communities has not promoted the development of community specific needs, identified by the community, for the community. A common misconception is that cultural traditions, values, spirituality, and language are the same in our northern communities. Research does not support this misconception. Palliative care is a difficult area of practice for many health professionals, compounded when providing care in a cultural context and terminology foreign to their own culture and beliefs.

Funded by the Aboriginal Health Transition Fund, a qualitative study in traditional palliative care was initiated in January, 2009 in each of the eight Inuit and Gwich'in communities in the Beaufort Delta Health and Social Services Authority (BDHSSA). 70 interviews were conducted. From the data collected, educational, community specific resources for health professionals and for community members have been developed. The purpose of this presentation is to present the outcomes of this project. At the end of the presentation, participants will be aware of alternative strategies to use in addressing palliative care in remote communities. Implications for practice include better overall quality of care for those living within a cultural context foreign to ones' own. Community Health nurses are key providers of care in this area. Through the collection and documentation of current community beliefs and values related to death and dying, levels of understanding, awareness and perceived access to palliative care in each northern community can be achieved so as to promote culturally sensitive palliative health care "North of 60".

Making Care Decisions in Home-Based Dementia Care

Oona St-Amant, Dr. Catherine Ward-Griffin, Ryan DeForge,
Jodi Hall, Abe Oudshoorn - University of Western Ontario
London, ON

Background: People living with dementia encounter unique barriers in procurement of homecare services as their independence and autonomy is challenged. The traditional valuing of 'good' decision making (based on power, resources, choice, and individualism) is reified in both formal and informal domains of care, and yet it is incongruent with the unpredictable life course and complex care needs of seniors living with dementia. Purpose: Because people act with differential relations of social power, a critical ethnographic perspective was used to examine how clients, family caregivers, and care providers participate in social power relations within home-based dementia care. The aim was to provide vital information about those conditions that potentially reinforce health inequities in dementia care, and to promote social change. Methodology: A purposeful sample of nine dementia care networks, including 9 clients, 25 family caregivers and 10 homecare providers, was obtained. Guided by a semi-structured interview guide, participants were encouraged to discuss their personal experiences of providing/receiving dementia care. Fieldnotes captured the researchers' perceptions, insights and observations. Findings: Our analysis yielded four integral relational care processes: managing care resources, making care decisions, reifying care norms and evaluating care practices. This presentation will focus on making care decision, more specifically how decisions are socially constructed in home-based dementia care. The findings suggest that informal care providers are required to make care decisions that accommodate the dominant discourse of neo-liberalism. Three main themes emerged from the data: the illusion of choice; timing of decisions; and expert knowledge in decision-making all shaped the context of decision-making. Implications: With the increasing emphasis on homecare in Canada, study findings will assist nurses, policy makers and other key stakeholders to better understand the complexity of dementia homecare.

Decision-making practices need to reflect the principles of social justice, wherein power equity and inclusion inform public policy.

F4

Grand East Large

Thursday June 17th, 2010

3:15pm – 4:15pm

Empower: Education to Maximize Patient Outcomes with Empowering Relationships

Janis Leiterman - VON Canada, Ottawa, ON

Karen Curry – VON Canada, Halifax, NS

Issue: Chronic Disease (CD) is the primary threat to our health care system. Personal behaviors undermine current investments in care so inspiring clients to become informed about their conditions, to manage their health and health care, and to help them choose healthy behaviors in order to improve outcomes...is both crucial and challenging.

Preventing and managing CD requires new practice models & competencies. One proven way to more effectively manage CD is through self-management support (SMS). Most nurses did not receive SMS education in undergraduate education.

Project: Home Care nurses have access to large diverse CD populations; however they practice from an acute care perspective exacerbated by fiscal pressures. “Stay@Home with VON” is a chronic disease prevention & management program aimed at clients and their caregivers living in the community with CD. Nursing participation required education to increase the capacity of nurses working with CD populations. An education program was developed called EMPOWER (Education to Maximize Patient Outcomes with Empowering Relationships). It included classroom learning as well as tools to cue practice at the point of care, facilitate documentation and collect data.

Process: EMPOWER has been through four quality improvement cycles and delivered to nurses in two provinces with three different CD populations.

Findings: SMS represents a profound change in the patient-provider relationship. Challenges are significant for multiple reasons. Researchers are currently analyzing data. Nursing focus groups with nurses yielded valuable lessons. There is anecdotal evidence of client empowerment and nursing engagement and limited quantitative data re improved clinical outcomes.

VON will share lessons learned from implementation of their CD SMS Program with a CCAC & LHIN in Ontario and a Regional Health Authority in Nova Scotia.

SMS needs to be a standard of practice for all community nurses working with individuals in any context e.g. workplace, home, clinic.

Health Connection: Evaluating the Quality and Impact of a Public Health Telephone Response Service

Reina Barker, Joyce Fox - Simcoe Muskoka District Health Barrie, ON

Many health units have established dedicated telephone response lines as a way of providing information and linking their local population to community programs and services. These lines are primarily staffed by public health nurses. In the fall of 2007 an Ontario Public Health Unit conducted a client outcome survey of their public health information telephone response lines. The purpose of the survey was to determine client expectations and perceptions, and the impact of the service. The findings were then used to improve service provision. Areas of focus for the survey included clients' perceptions regarding accessing of services, the quality of the service provided, expectations of the service and the potential impact of having accessed the service. A representative sample of clients was solicited to participate in the survey. Clients who agreed to participate in the survey were then contacted by an independent telephone surveyor. Overall, the clients involved in the survey reported that they are highly satisfied with the service, the quality of the information provided and the ability of staff to meet their needs. Recommendations were developed based on the information obtained through the analysis of the client survey results. Areas for improvement included increased accessibility to services, maximizing client access to public health professionals and access to web-based services. This presentation will review the methodology, findings and recommendations of the survey, share tips on ways to reduce cost associated with research, review limitations of particular research design and discuss barriers and enablers to implementing recommendations. The insights from this survey can be applied to various practice settings to improve service provision to clients over the phone.

A5

Grand Centre

Friday June 18th, 2010

10:15am – 11:15am

An E-Learning Education Strategy: Empowering Nurses through Distance Education

Lorraine Trojan, Wanda Tait - Health Canada, First Nations and Inuit Health
Edmonton, AB

Alberta First Nations and Inuit Health (FNIH) Nursing Education supports education to over 200 nurses working in First Nations communities throughout the province. The purpose of this project is to utilize new Web based technology to implement distance learning programs and communities of practice as part of the FNIH E-Learning strategy. Web based distance education delivery is relatively new to FNIH with an Immunization course being the only such course developed and directly offered to the nurses over the past few years. Considering the vastness of geography, available human and fiscal resources it became clear that online teaching and

learning had to expand. Through the strategic utilization of web-based technology, Nursing Education can now support and increase access to knowledge and education throughout Alberta Region. The Web2 platform technologies currently in use include Elluminate Live and Moodle with other applications soon to be added. Wound care was the first course implemented using both Elluminate Live and Moodle. Our approaches, based on current learning theory, target specific learning outcomes for nurses:

- The ability to organize conceptual knowledge to produce understanding by activating prior knowledge
- The ability to organize conceptual knowledge to interpret events and problem solve by teaching evidence based content in-depth
- The ability to solve problems through interaction with the instructor and peers using synchronous software
- Improve reasoning, critical thinking and reflection through feedback and assesment of learning
- Development of expertise in practice by fostering confidence. This presentation will describe our successes and challenges in using available technologies to implement a web based wound care course to rural and remote community nurses.

Narrative and Solution Focused Approaches: An Innovative Strategy of Strengths Based Client Centred Care in Public Health Nursing

Anna Schelle - Toronto Public Health
 Toronto, ON

The Narrative & Solution-Focused Approaches (NSFA) program is based on a philosophy that fosters collaboration and new ways of having helpful conversations with people. It was developed for Public Health staff and managers by Mental Health Nurse Consultants (MHNCs), as part of the Mental Health Promotion Program in a large urban public health unit. The goal of the educational program is to enhance therapeutic relationships and outcomes with both clients and each other. The NSFA program was formally evaluated, indicating that it is integral and broadly applicable to Public Health practice and the delivery of mental health promotion. Feedback indicated that NSFA should be incorporated into all existing programs. Narrative approaches strive to empower clients by focusing on their subjective experiences and competencies through the development of a therapeutic relationship. The Public Health professionals work with vulnerable families from diverse cultural backgrounds with many multiple existing health disparities. NSFA allows staff to work with clients, using their strengths as a vehicle for movement. It allows for hopeful work in the realms of mental health, violence and abuse, grief, relationships, and trauma. A brief overview of the assumptions that guide NSFA will be discussed: realities are socially constructed; people make sense of their lives through stories; there are many truths; the problem is the problem as opposed to the individual being viewed as the problem; and people are experts in their own lives. The key learning outcomes will be to have an understanding of the philosophical approaches guiding NSFA; and how the NSFA program impacts Public Health Nursing on a practice level, both for staff and management.

B5
Sheraton Hall C
Friday June 18th, 2010
10:15am – 11:15am

Adolescent Health in Rural Southwest Norfolk County: A Social Phenomenon

Deanna Morris - Haldimand-Norfolk Health Unit
 Simcoe, ON

Introduction: There is a positive association between significant health problems in adulthood and maladaptive lifestyle behaviours initiated during adolescence. Although much has been documented among urban adolescents, less is known about adolescents in rural areas. Therefore a participatory action research was employed, in Southwest Norfolk, to yield more information about the health, opinions, and needs of youth in Southwest Norfolk; to yield information about the social environment; and engage youth in shaping their community and their health. Public Health Nurses, churches, schools, youth, and parents formed an All Youth Matter Committee. Method: Both qualitative methodology, in the form of focus groups, and survey methodology were employed. Phenomenology and critical theory guided the study. Students in Grades 7, 8 and 9 from southwest Norfolk, as well as Low German Mennonites, participated in the study. Results: Challenges to access youth social capital mainly participation in community life, poverty, and maladaptive lifestyle behaviours were found in Southwest Norfolk. Participants also identified assets living in a rural area including a strong stock of social capital mainly trust, and a sense of belonging and inclusion, green space, and existing programs targeting youth. Discussion: The adoption of a rural health framework that identifies rural health challenges and maximizes community assets in Southwest Norfolk is instrumental in improving the health status among youth. Fostering a participatory action approach, in which adolescence are “rural champions” is essential to address some the social inequalities associated with living in Southwest Norfolk. This framework can be used and adopted in any community. Key Learning Outcomes 1. To heightened awareness of a participatory action research approach as an appropriate avenue to involve rural communities in improving health status. 2. To learn how to adopt the framework in any rural community. Subtheme: Engage

HPV Campaign / Community Working Together

Janice Dempsey Stewart - Nova Scotia Public Health
 Dartmouth, NS

Knowledge to Action Abstract Sub-Theme: Enable Evidence-informed practice, policy and education Project Purpose: Nova Scotia is identified as having remarkably high rates of cervical cancer as compared with the rest of the country. Public Health in partnership with Cancer Care NS, Canadian Cancer Society and youth have come together to create a campaign. The campaign is focuses on reducing cervical cancer and increasing awareness about the HPV (human papillomavirus) vaccine. This is an

innovative and creative project empowering youth with valuable leadership opportunities to: participate and promote the value of peer health education, acquire knowledge about project evaluation, and learn more about multi-media communication strategies. Addressing Issue: Public Health nurses were committed to using discipline specific and core Public Health Competencies as framework for the project. Following a comprehensive environmental scan on existing HPV prevention and cervical screening awareness campaigns, a qualitative thematic analysis will identify youth perceptions on HPV and cervical screening. Collected data will help inform a youth-focused social marketing campaign. Conclusions: This project was inspired by the growing body of research demonstrating the value of youth of participation and engagement in health promotion. In this context, we anticipate that a social marketing campaign developed by youth for youth will facilitate a more effective delivery of accessible and youth-friendly HPV and cervical cancer messages. Thus, this project will increase youth awareness and knowledge of the preventative value of HPV vaccine and cervical cancer screening. This project's evaluation component will underscore significant leanings and enable the development of a replicable and flexible model for future youth-focused and client-centered initiatives within community. Implications of the work for Nursing: Using the Public Health Core Competencies creates an opportunity to strengthen partnerships, organizational capacity and provides direction in moving projects forward.

C5
Grand West
Friday June 18th, 2010
10:15am – 11:15am

Integration of Biomobility Information with a Point-of-Care Decision Support System for Safer Client Care
Winnie Sun, Ha Nguyen - University of Toronto
Lindsay, ON

Subtheme: Enable evidence-informed practice, policy and education- Utilization of Technology Purpose: Smart monitoring approaches offer solutions to monitor client safety and support independent living. However, their integration into mainstream health care and their potential to improve community health care management need to be evaluated. The purpose of this study is to investigate the integration of 1) non-intrusive monitoring approaches, using sensors, and 2) a GPS-supported monitoring and alerting system to track clients' daily life events, with 3) a web-based software application that equips clinicians with handheld units that assist in the collection and utilization of client data, and provides feedback including suggested best practice guidelines tailored to the individual client's needs. Methods: Semi-structured interviews were conducted with three groups of home care clinicians: 1) nurses; 2) physiotherapists/occupational therapists; and 3) home care case managers. A total of 20 home care clinicians were shown a variety of options for the application of monitoring technologies and asked to provide input on how these technologies might be used to support clinical decision-making in the home care

settings. Results: Home care clinicians described a variety of client scenarios in which the technologies could inform clinical care management, and discussed perceived limits to their use. They identified the types of information and data presentations that would be most informative for care management. Content analysis was used to describe common themes depicting use cases and boundary conditions. Conference participants will learn about the study findings that identified differences which reflected user's preferences and uses of the technology among the nurses, physiotherapists, occupational therapists and case managers. Implications: The knowledge gained from this study provides valuable information for community health nursing about the feasibility and effectiveness of integrating bio-mobility information obtained through non-intrusive monitoring with communication technologies to support safer client care practices for home care clients.

Caregiver Connect: A VON Innovative Approach to Support Caregivers

Bonnie Schroeder, Irene Holubiec - VON Canada
Ottawa, ON

Caregiving is a growing health and community care concern. At some point in of our lives, we will all be touched by caregiving. Caregivers are individuals who provide care to others due to a health condition. Many provinces have policies that preclude caregivers as the first line 'provider.' Only when caregivers unable to cope will the system augment the care. Research shows that caregivers need recognition, information, and supports. To address these needs, VON Canada launched www.Caregiver-Connect.ca in September 2008 presenting a new service delivery model for the organization. www.caregiver-connect.ca provides caregivers with information to care for themselves; to care for others; and to connect and share with other caregivers. Health professionals, including community nurses and the health care system as a whole will also benefit from www.caregiver-connect.ca. Health professionals will be able to access quality information to pass on the clients and families. The system will benefit from a strengthened community of caregivers – who save the system over \$25 billion each year. We will demonstrate the benefits of a caregiver-focus web portal to improve and enhance the caregivers' experience as well as a resource and tool for community nurses. This presentation is linked to the conference sub-them of enabling evidence informed practice, policy, and education through the utilization of technology. The key learning outcomes are: - To understand the profile and needs of caregivers in Canada - To demonstrate the benefits of a caregiver focused web portal - To explore the implications for the work of nurses and other health professionals in the home and community care sector

D5
Sheraton Hall B
Friday June 18th, 2010
10:15am – 11:15am

Technology – How Ottawa Public Health Incorporated It, During pH1N1 Response

Lorette Dupuis - Ottawa Public Health
 Ottawa, ON

Technology – How Ottawa Public Health incorporated it, during pH1N1 response. In the 21st century, technology has boosted the use of information exchange. Becoming aware of the ever-changing technology is one thing but incorporating technology into practice is another. The H1N1 pandemic of 2009 provided the spark for technological innovation as a local public health unit, Ottawa Public Health, responded to inquiries of residents, health professionals and city politicians regarding the emerging disease and the planned local response. The “Flu-line” as it became affectionately known, was an active tele-practice call centre, staffed by Public Health Nurses who offered assessment and information. The Nursing service included information provision about the virus and resulting disease, symptom assessment and counselling to assist decision-making and development of an appropriate plan of care. In addition information was provided on the vaccine and its availability. The challenge was to ensure that the 35 public health nurses on two separate shifts were current with the rapidly changing information. To address the outlined challenge, two innovative applications of technology were introduced. The use of a “wiki” search engine, to enable staff to sift efficiently through the mounds of electronic information available and the use of “Yammer”, an instant-messaging tool were utilized. As well, staff was linked to twitter to ensure real time information concerning client waiting times at clinics. The poster presentation will describe in detail the application, use and appreciation of these technologies and how they enhanced and supported the nurses’ tele-practice.

E5
Grand East Large
Friday June 18th, 2010
10:15am – 11:15am

Identifying Current and Expected Proficiency Levels for the Community Health Nursing Standards for New Graduate Nurses

Jo Ann Tober, Christina Rajsic - Brant County Health Unit
 Ruta Valaitis - McMaster University School of Nursing
 Brantford, ON

Purpose: The Community Health Nursing Standards describe the minimum standards required after 2+ years of practice. The Canadian Association of Schools of Nursing Public Health Subcommittee (CASN PHS) set out to determine both the current and expected level of proficiency for new graduates, and to conduct a gap analysis to identify areas for improvement. The CASN PHS is

an innovative partnership between the academic and practice settings which has formed to assess and enhance the quality of community health nursing education. Methods: An online survey was developed which listed definitive competency statements for each standard and asked respondents to identify the current and expected level of proficiency for new graduates at the following levels: awareness, knowledge, demonstration with assistance, and demonstration independently. The survey was pilot tested then distributed to a population of community/public health practitioners, and nursing educators across Canada. The results were vetted through two stakeholder consultation processes. Results: A total of 263 nurses responded. Results indicated that for most competencies the current graduates are functioning at the awareness and understanding levels and the expected level is demonstration with assistance. There was little variation in findings between educators and practitioners and between different regions in Canada. The largest gaps were found in the following areas: epidemiology, advocacy for healthy public policy, partnering with stakeholders, program evaluation, and population health strategies such as social marketing and community development. Outcomes: The results from this survey will form the basis for recommendations to the CASN Accreditation Bureau Working Group on Benchmarks and Standards for consideration in their Standards. The inclusion of a benchmark for proficiency with these competencies will improve the quality of the future public health nursing workforce.

Family Nursing Clinical Education: Engaging Students and Families in Collaborative Partnerships to Promote Health and Healing

Pamela Dietrich, Susan Patterson - Arthur Labatt Family School of Nursing, The University of Western Ontario
 London, ON

The process of promoting the health of individuals and families across the lifespan is an integral component of professional nursing practice. Over the past two decades, one Canadian School of Nursing has successfully engaged students in a set of learning experiences to support family home visiting over a 12 week clinical rotation. The purpose of this paper is to describe the process, clinical experiences, and challenges associated with family nursing education in 2010. We will share the innovative ways in which clinical faculty have inspired students to value working with the family as “client”, in the environments in which families live, work, and play. Students have developed their understanding of family nursing by applying empirical, aesthetic, ethical, personal, and sociopolitical knowledge in their one to one family visits. Using a strengths based, health promotion model of clinical practice, students have successfully engaged in the process of developing collaborative working relationships with families, student peers, clinical faculty, and interprofessional teams. Data from family surveys and students’ clinical work provide evidence of successful learning outcomes for students and positive health outcomes for families. Conference participants will have the opportunity to learn: a) the specific learning activities used to enable students to critically analyze concepts, theories and research findings from family nursing and other disciplines b) the ways in which faculty

support the development of students' interviewing skills as they work with the family as a whole over time c) evaluation indicators used by clinical faculty and students to determine successful achievement of course goals and students' individual learning goals d) the lived experiences of students, as noted in sample reflective practice reviews e) the lived experiences of families, based on a recent evaluation survey of families who have participated in the course over the past 2 years.

F5

Sheraton Hall A

Friday June 18th, 2010

10:15am – 11:15am

Studying Collaboration in an Inner-city Neighbourhood: Knowledge to Action for Population Health Promotion

Lynn Scruby, Lyn Ferguson, Tracy Thiele - University of Manitoba

David Gregory - University of Lethbridge

Winnipeg, MB

Purpose: Community organizations are central to the promotion of health and social well-being of inner-city neighbourhoods. However, it is not well known how such organizations collaborate or work with the community to promote the common goals of health equity and social justice. This study made visible the connections/linkages between two organizations; a community ministry, and a community health centre, located in the same inner-city neighbourhood. Health promotion activities and relationships within and between the two organizations were explored. Methods: A qualitative case study included focus groups and individual interviews. Data triangulation revealed existing and potential connections from the perspectives of three groups; service providers, management/board members, and program participants. Findings: Thematic analysis revealed insights about past and current forms of collaboration, challenges and barriers, and the potential for future collaboration. Through partnerships, networking and resource sharing, both organizations address important determinants of health such as housing, poverty, food security, and chronic illness prevention. Community health nurses have the opportunity to advocate and effect change for individuals in the community through these processes. Conclusions: Findings will be shared with the respective organizations, prompting them to examine their organization policies and programs to build organization capacity, maximize synergies, and enhance population health promotion in the inner-city. This process will provide the opportunity for inter-professional collaboration (including community health nurses), knowledge exchange, and continued networking. This exploratory study demonstrated how seemingly disparate organizations can work together to address equity and social justice. Learning Outcomes: Participants will learn: perspectives on collaboration from three groups in two organizations, approaches for moving knowledge from research to action and the importance of involving inner-city health organizations in collaboration activities. Sub-Theme: Engage in partnership and collaboration with clients and others.

The Health of Homeless Mothers with Mental Illness: Nurses as Agents of Change

Sarah Benbow, Cheryl Forchuk, Susan Ray -

University of Western Ontario

London, ON

Background: Research indicates that some groups of Canadians experience poorer health than the general population. Populations situated in vulnerable and marginalized social locations are among such groups. Homeless mothers with mental illness experience unique challenges and demonstrate great strength in the face of health inequity; however, the nursing roles of advocacy and partnership are needed to promote the health of this community of, as well as other marginalized populations. Project Purpose: The implications from a critical study using feminist intersectionality will be explored. The study was conducted for the purposes of learning from homeless mothers with mental illness what is conducive to their health and their everyday experiences of oppression and resistance that shape their health. For the purposes of the study, a secondary qualitative analysis was completed with homeless mothers in London, Ontario with mental illness. Findings: The findings suggest the multiple and layered experiences of oppression and resistance that shape the health of this community. Based on the results, several implications for nurses striving for social justice were revealed. The need for advocacy was central to their discussions and most significant within the implications for nursing practice, nursing research, nursing education and health policy. Nurses are in prime positions to advocate for this group and by doing so can promote a more socially just world. Key Learning Outcomes: 1. To clearly discuss and explore the role of the nurses as an agent of change for vulnerable and marginalized communities. 2. To discuss key nursing implications from a study examining the health of homeless mothers with mental illness. 3. To examine socio-political health influences for this community.

A6

Grand Centre

Friday June 18th, 2010

11:30am – 12:30pm

Working with Culture in Community Health Nursing Practice: Maintaining the Status Quo?

Kathryn Edmunds - University of Western Ontario

Windsor, ON

Since the 1970's, major attention has been paid to utilizing the concept of culture in nursing. This is congruent with nursing's holistic emphasis on context, and our definition of client to include person, family, and community. This review of the literature explored the ways in which culture is currently conceptualized and implemented in nursing practice. Intended outcomes of culturally specific actions include the provision of care that is tailored to particular groups, corrective of deficiencies in service, meaningful to the client, and efficient for the organization. Unintended consequences include conflating culture with ethnicity and race, lack of attention to the culture of professionals and organizations,

discounting the factors that influence the sociopolitical structure and context of health care, and perpetuating the constraints of clearly designated social locations. Despite nursing's focus on culture and the provision of culturally competent care as valuable, awareness of how designations of culture function to maintain boundaries that exclude certain communities remains limited. Currently, the ways in which community health nurses are encouraged to care for those who are identified as having a culture, and therefore have cultural needs, essentializes both culture and needs. This approach restricts nurses' awareness of the complexity and fluidity of culture and inhibits relationships between nurses and clients. While clients may benefit from the outcomes of culturally competent care, it often meets the purposes of professionals and institutions to reinforce a limited (and limiting) understanding of culture in order to maintain the status quo. Ways in which community health nurses can expand their approaches to cultural advocacy, the role of culture in social justice, and provide leadership in critically questioning the purposes being served by the way they and their institutions currently conceptualize and practice "culture" will be addressed.

Reorienting Home Care Services by Examining the Development of Positive Space in Organizations: Implications for Community Health Nurses

Judith MacDonnell, Natalie Lazier, Andrea Daley - York University
 Oakville, ON

All health care sectors are currently examining factors that influence the delivery of high quality health services for diverse groups. Although hospitals, long-term care and public health have started to examine barriers to service access for sexual and gender minorities, i.e., lesbians, gay men, bisexuals and transgender (LGBT) people, no research has been done on the home care sector. This is a participatory policy project which aims to understand issues relevant to service providers, service users and other stakeholders with a goal of fostering LGBT-positive care in home care settings. Critical discourse analysis of qualitative data from interviews with eight key informants from community health organizations will offer insight into the histories, challenges and turning points which shaped the development of LGBT-positive space in their organizations. The findings will be used to create an access and equity framework that can be used by Ontario Community Care Access Centres and their contracted service provider agencies to enhance care for LGBT communities. This work is consistent with community nursing in a primary health care context with its focus on accessibility and reorientation of health services for vulnerable populations that experience well-documented health inequities. Findings are relevant to home care nurses in administrative, education and clinical care contexts, as well as nurses involved in population health promotion for diverse communities. Participants will 1) Learn about organizational processes, policy, and practices that contribute to enhancing in-home health and social care service access for LGBT communities; 2) Develop an understanding of the implications for health promotion, education, clinical care and administration relevant to community health nurses in a variety of contexts.

B6
Sheraton Hall C
Friday June 18th, 2010
11:30am – 12:30pm

Inspiring Students to Take Action to Promote Environments Supportive of Health

Cheryl Armistead - McGill University
 Brossard, QC

Issue: While environmental health issues gain increased attention across society, environmental health concepts are not widely integrated into undergraduate curriculum. Given the unique context of community health nursing (CHN) practice and settings, CHN courses provide an ideal forum to nurture environmental health assessment and action competencies. Strategies used at one University to improve learning included defining 'environment' as the built, natural and social factors that impact health so as to normalize relevance to CHN; replacement of a formal class lecture with readily available Canadian nursing resources as foundational theory; the creation of a thematic forum that presented environmental health within a spiritual and stewardship lens; and the creation of a learning module to lead students through a systematic environmental health assessment of their community. One main goal was to inspire students to draw on their innate sense of justice and altruism in the interest of protecting environments in their assigned community. Results and Implications for CHN education: Results included an increased number of student team CHN process projects addressing physical and social environments. Integration of environmental health into curriculum created a spin-off benefit of increased leadership capacity as some students embraced political action and advocacy on behalf of their community. Faculty have a role to play in contributing to new professional norms whereby graduates will view environmental health as integral to routine practice. Learning objectives: Participants will identify strategies and accessible resources to integrate environmental health into undergraduate curriculum; and strategies to integrate leadership, political action and advocacy into curriculum related to environment and health.

Home Visit Simulations to Orient First-Year Students to Community Health Nursing

Maureen Barry, Geraldine Jody Macdonald, Amy Bender -
 Bloomberg Faculty of Nursing University of Toronto
 Toronto, ON

With the introduction of simulations into the undergraduate nursing curricula, students are finding that simulated learning is fun, effective, and memorable. This presentation reports on the integration of two 'home visiting' simulations into an introductory community health nursing theory course for first-year students. Considering that not many students are able to make home visits in their program of study, simulation offers a low-budget and effective way to expose students to this experience. The 'family' simulation invites students to take the roles of mother, grandmother, and two

public health nurses conducting a home visit to a new teen mother and her newborn. The 'older person' simulation invites students to assume the role of a frail vulnerable senior living alone in challenging housing conditions and two home care nurses visiting him. Following best practices in simulated learning, students are briefed for the simulations, and volunteer to participate in role playing or are given observer roles. Learning objectives are also shared with students and time outs are available as needed. Simulations each take approximately ten to fifteen minutes to complete, and a twenty-five minute debriefing creates the opportunity for significant reflection. Students are positive about participating in simulated learning and they are encouraged to envision this as a fun approach to learning. They consistently volunteer for role playing and all students engage actively in debriefing. The richness of the debriefing for the family and older person simulations will be reviewed, including the impact of the shoes left by the door on the students' thinking about diverse cultural practices, safety in the home, and power relations. In conclusion, student and faculty members' positive feedback will be shared and suggestions for future 'home visit' simulations will be discussed.

C6
Sheraton Hall A
Friday June 18th, 2010
11:30am – 12:30pm

H1N1 Mass Immunization in St. John's, Newfoundland and Labrador: The School Experience
Moirá O'Regan-Hogan - Eastern Health
St. John's, NF

Community Health Nurses (CHNs) in NL, routinely conduct immunization programs for school age children in the school setting. When the decision was made to immunize all school age children against H1N1 in their individual school setting, it was a natural fit for these nurses. The school immunization process was a collaborative effort, which began with providing schools with copies of the consent form, which they took responsibility for distributing to parents. School personnel took the lead in the collection and return of all consents. On the scheduled day, immunization teams consisting of nurses, support personnel, and a manager traveled to the designated school and carried out the immunization. Beginning on November 5, 2009 with primary grade children, teams of CHN's assembled in designated schools in the St. John's area, and with the assistance of the school and school board personnel, immunized all eligible children in each school. This immunization process continued with elementary school children, junior high students and the high school population. This endeavour required a tremendous logistical effort by local health authority staff, the local school district and others. The entire urban school population in the sixty-eight(68) schools was offered H1N1 immunization over a sixteen(16) day period. The success of this undertaking demonstrates the effectiveness of partnerships between the local health authority and the local school district. This experience has

demonstrated the benefits of intersectoral collaboration in the delivery of routine school immunization programs.

Using Evidence to Inform the Development of an Early Childhood Immunization Program Plan

Mary Margaret Proudfoot, Tanis Hampe - Northern Health
Nora Whyte - PHC Consulting
Courtenay, BC

Development of an evidenced-informed plan was the purpose of a project carried out by a regional health authority to build on a comprehensive review of the region's existing early childhood immunization program. The review, completed in 2008, included regional surveys of parents, public health nurses (PHNs) and physicians to learn about client and provider perspectives on early childhood immunization. A literature review and interviews with representatives of other health authorities contributed best practice information. Following completion of the report, the study team embarked on a dissemination and feedback process to engage PHNs, managers and clerical staff in selecting priorities for an action plan. Team members presented the findings to staff in sessions held in different parts of the region. These sessions provided an opportunity for public health staff to raise questions and offer comments on the study findings and to rank top priorities from the report's recommendations. Comments and ranking of the recommendations were collected using a feedback tool completed by participants at each session and tabulated by the project consultant. Notes taken by a recorder at each session assisted in capturing questions and key discussion points for later consideration by the team. The outcome of this process was a new program plan that stressed the role of Public Health in providing policy leadership, coordination and delivery of early childhood immunization services throughout the region. The plan also emphasized strategies for improving access to services and greater outreach efforts in diverse communities, based on the review findings and priorities selected by PHNs. Key learning outcomes for this presentation are: 1) To understand a process used to involve PHNs in reviewing research findings and using evidence to determine changes in policy and practice. 2) To consider ways in which this process could be applied in other programs and contexts.

D6
Sheraton Hall B
Friday June 18th, 2010
11:30am – 12:30pm

Quit Club - Together We Can

Shawna Frolick - Simcoe Muskoka District Health Unit
 Orillia, ON

The 2009 Ontario Student Drug Use and Health Survey (OSDUHS) identifies tobacco as the 3rd most common drug used and its use increases with grade – from 8% of grade 9 students to 20% of grade 12 students using tobacco products. While tobacco use is a significant issue for youth, the majority of best practise/evidence for cessation available deals with the adult population. These strategies are not necessarily transferable from adults to youth. In an attempt to address the issue of youth tobacco cessation, this innovative youth tobacco cessation program is a product of the collaboration between Healthy Schools and Chronic Disease Prevention -Tobacco program Public Health Nurses and partnership with a local secondary school - Guidance Dept, staff and Administration. Using Ministry of Health Promotion High School Grant Funding, this program focussed on engaging and encouraging youth in grades 9 – 12 to consider reducing the amount of tobacco products they used and/or quitting altogether for the month of the program. The program took place over the students' lunch hour for four consecutive weekly sessions. Key factors to the success of the program include implementing youth engagement strategies, growth and development, and principles of teaching and learning. All participants that attended regularly were successful in changing their tobacco-use behaviour; either quitting altogether or reducing tobacco consumption considerably. With the partnership and support of the secondary school administration, the local public health nurse can implement and provide a successful comprehensive tobacco cessation program for youth that is youth-centred and youth-focussed with positive outcomes. Learning Outcomes: 1. Participants will understand the need to continue to address tobacco use in secondary schools. 2. Participants will identify key components needed to implement effective youth tobacco cessation strategies. 3. Participants will increase awareness of the benefits and successes of collaboration practices to implement effective public health initiatives. Themes: Youth tobacco cessation Sub-theme: Collaboration and partnership to provide effective programming/initiatives.

Transforming How First Time Parents are Prepared for Parenting

Karon Foster - Invest in Kids
 Toronto, ON

Dr Douglas Willms in, Vulnerable children states that “ Sensitive, responsive parenting is the single most important benefit children can receive during their early years; however 60% of parents need to reduce their punitive behaviour with their children. Research shows that the more knowledgeable parents are in child development the more confident they are in their parenting role, the

more likely they are to use positive, effective interactions with their young children. Parents identified that to feel supported they need consistent advice on parenting, friendly and flexible programs and a link from hospital to community. Invest in Kids has developed a comprehensive blended model prenatal and parenting education program to meet this need. The Parenting Partnership Program is a unique program that combines on-line learning sessions and face-to-face classes; starting pregnancy and continuing until the baby is about 14 months. This program incorporates the sub-theme to enable; it includes practice based evidence and action, technology and an innovative approach. Just over 80% of parents accessed the on-line learning sessions. Parents liked the knowledge, the relationships and the community that developed from attending this program. Implications for nurses and agencies are varied and include such parents commitment to a longer program and the challenges of developing on-line learning programs. Learning Outcomes: The participant will be able to :
 1. explain the rationale for this program including the literature on first time parents, parenting, parent education and sources of information. 2. describe this program including its design and content. 3. identify some of the strategies used to engage parents. 4. outline the challenges involved in creating a combined on-line and face-to-face program. 5. discuss the lessons learned from parents and educators. 6. discuss implications for nurses and agencies who work with parents of young children.

E6
Grand West
Friday June 18th, 2010
11:30am – 12:30pm

Chariots of Fire: Community Nurses' Response to a Global Pandemic

Irene Holubiec - VON Canada, Markham, ON
 Catherine Butler – VON Canada, Ottawa, ON

Issue: Pandemic H1N1 was a community based event. This home and community care organization responded with agility and purpose to keep clients and care providers safe. Using a continuous quality improvement approach in the first wave informed our activities related to preparedness and response for subsequent waves. The purpose of this presentation is to give voice to the needs of mobile, community based front line providers and share lessons learned during a pandemic. Participants of this session will be actively engaged in this presentation to learn how this organization used CQI and stories from the field to respond to a global crisis. Using technology, engaging cross functional teams and listening to the needs from the field were critical success factors to adjust to the waves of a pandemic and to extend the reach to mobile nurses. Multiple communication methods provided the mechanisms to adapt response activities. Using a continuous quality improvement approach ensured that core systems were able to adjust to changes in client, community and organizational needs. Mobile community health nurses felt that their perspectives (needs, issues) were heard. Health care organizations need to be agile and flexible to meet

rapidly changing needs during a pandemic. Implementing a variety of strategies such as technology and having forums to listen to stories from the field helped to make an organization alert and responsive. Community health care providers are in a unique position to gauge community sector needs and identify the issues that will lead to a successful response.

Pandemic Response in China: A Canadian Nurse's Experience

Theresa McMillan - Embassy of Canada, Beijing
Burlington, ON

Purpose: The purpose of this presentation is to provide insight into the role and activities of a Canadian Nurse working at the Embassy of Canada in Beijing, Peoples Republic of China during the H1N1 Pandemic. Relevant issues to be discussed include: • Nursing role within this Embassy • Pandemic trajectory as it relates to China • Pandemic response • Applying knowledge to practice within an international context • Providing culturally sensitive care A secondary purpose is to reinforce the importance of the many sources and types of knowledge that impact collaborative decision making in nursing practice.

Background: The Government of Canada has diplomatic and consular missions in more than 260 locations within approximately 160

countries. "Mini clinics" are located in 22 of these missions and are staffed by licensed nurses who provide health related services to mission staff, their families and to locally engaged staff who work in the mission. The mission nurse plays an integral role in addressing occupational health, primary care, and public health issues within this population. When the WHO declared that the world was in a Pandemic situation (Level 6) efforts began to address the pandemic related health needs of those working in our Canadian missions. This presentation will describe some of these efforts along with the implementation of a unique nursing role and the opportunities presented when faced with a pandemic in a culturally diverse and international setting. In addition, participants will be guided through a discussion that will encourage reflection upon evidence informed practice and the multiple ways of knowing.

Key Learning Outcomes Participants will engage in discussion regarding the following issues and will be more aware of their relevance in relation to their own practice: • Unique nursing roles and opportunities • Pandemic Response in that context • Cultural Sensitivity • Evidence informed practice

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What is a Networking café?

One topic is discussed for the duration of the session. A facilitator will engage and guide the group discussion. Typically the facilitator provides an overview, key points/perspectives then leads full room discussion or small group discussions. Sometimes the participants move around the room to foster an exchange of ideas. Outcomes of the discussion are typically summarized as a large group.

Qu'est-ce qu'un café-réseau?

Un thème choisi est discuté durant toute la séance. Un(e) animateur(trice) suscite les commentaires et guide la discussion du groupe. Habituellement, l'animateur(trice) explique le contexte, les principaux points et perspectives, puis anime la discussion soit de tout le groupe dans la salle, ou de plus petits groupes à chaque table. Il arrive que les participants aillent d'une table à l'autre pour stimuler l'échange d'idées. Généralement le résumé des discussions tient compte des résultats obtenus par tout le groupe.

G1

Sheraton Hall E

Thursday June 17th, 2010

10:30am – 11:30am

Public Health ~ Community Health Nursing Practice in

Canada: Roles and Activities a la 2010

Jane Underwood; Underwood & Associates

Yvette Laforêt-Fliesser, Evelyn Butler - Community Health

Nurses Association of Canada

Oakville, ON

Issue: Canadian Public Health Association (CPHA) reprinted its popular Community Health ~ Public Health Nursing in Canada: Preparation & Practice, known as the 'Green Book' 8 times since 1990. An updated 2010 version, focused on roles and activities, is being jointly released by CPHA and Community Health Nurses of Canada (CHNC). Findings: Twenty Canadian Public Health Nursing experts from academia, management, government and practice contributed suggestions for the literature review; responded to 2 rounds of a Delphi survey that asked for agreement or disagreement and comments on each of the items drafted for the revised document; and participated in telephone conference meetings. The literature review resulted in generation of a list of items describing public health/community nursing practice.

Following each Delphi survey round, written editorial comments were incorporated and meetings were convened to discuss items that had not achieved consensus. Round 1 achieved consensus > 80% on 9/ 43 items derived from the literature review and Round 2 achieved consensus >80% on 39/43 items. At the conclusion of the last Expert group meeting consensus on all items had been achieved. Relevance : The 2010 document is conceptually strong and is a reflection of in-depth consultation. It describes public health nursing practice in the essential functions of public health in

Canada: health promotion, disease and injury prevention, health protection, health surveillance; population health assessment and emergency preparedness and response. We hope that this 21st century version will become as important a reference for nurses, educators, managers and policy makers concerned with public health practice as the previous Green Book was.

Key outcomes This updated Public Health ~ Community Health Nursing Practice in Canada: Roles and Activities (2010) will complement Canadian Community Health Nursing Standards of Practice (CHNC, 2008) and Public Health Nursing Discipline Specific Competencies Version 1.0 (CHNC, 2008).

G2

Sheraton Hall E

Thursday June 17th, 2010

11:45am – 12:45pm

Building for the Future: Implementing an Innovative Orientation Toolkit for New Hires in Public Health Nursing

Louise Wilson - Simcoe Muskoka District Health Unit

Barrie, ON

The Orientation: Transition to Public Health Nursing toolkit was distributed by ANDSOOHA to Ontario public health unit nurse leaders during the winter of 2009. In addition, currently there are efforts to localize the toolkit by nurses in various settings in New Brunswick, Alberta and the Northwest Territories. Despite this circulation, awareness of an innovation is rarely enough for implementation to occur. In response to an identified need, this 119 page toolkit was developed collaboratively to provide a general orientation to new hires to public health nursing emphasizing skill development and continuous learning.

Knowledge transfer strategies (1) that are more interactive and involve face to face contact show promising results among target

populations such as policy-makers, decision-makers and practitioners. A combination of strategies is more likely to succeed. Therefore, knowledge transfer associated with the Orientation: Transition to Public Health Nursing toolkit include increasing awareness of the product through conference presentations, providing implementation information for organizations and providing leaders who have not yet implemented, face to face contact with peers who have.

This fifty minute workshop will:

- Provide an overview of the content of the toolkit, including the CCHN standards and core competencies for public health
- Review the implementation assistance included in the toolkit
- Provide practical examples and innovative approaches to nursing orientation
- Elicit experiences of participants re barriers and enhancers to implementation
- Provide tabletop sessions for participants with a Nursing Leadership Designate and “Guide” who have implemented the toolkit
- Identify implementation supports and discuss next steps for implementation as a group.

Participants will leave with practical examples and resources detailing how to implement a public health nursing orientation in various settings. (1) Dobbins et al. (2007). Information transfer: What do decision-makers want and need from researchers? *Implementation Science*, 2:20

G3
Sheraton Hall E
Thursday June 17th, 2010
2:00pm – 3:00pm

Conceptualizing Advanced Practice in Public Health Nursing

Marjorie MacDonald - University of Victoria
Victoria, BC

The Canadian Nurses Association has developed a framework for Advanced Nursing Practice (ANP). There is some question that public health nursing (PHN) may not be adequately reflected in this definition, and the distinction between specialty and advanced practice in PHN is not clear. Current US and international ANP definitions are now excluding PHN from the definition. This is evident in the most popular US textbook on Advanced Practice Nursing.

In addition, the scope of US advanced PHN practice overlaps with the scope of practice of baccalaureate prepared PHNs in Canada, as reflected in the Canadian Standards of Practice for Community

Health Nursing. These positions have implications for how we conceptualize and develop advanced public health nursing in Canada and for the sustainability of PHN in this country. In the opening of this Networking Café, I will compare international definitions of advanced practice nursing, and provide a critique of the similarities and differences in the definition and scope of APN in Canada, APN in PHN in the United States, and basic PHN scope and standards of practice in Canada.

I will outline the issues we face if we do not take a stand on where PHN fits within the CNA definition of ANP and begin to clarify the competencies of basic versus advanced practice PHNs. A facilitated discussion will follow the presentation to achieve the following objectives: 1) move toward consensus on the meaning of advanced practice in PHN in Canada; 2) determine an agenda for addressing the issues and challenges identified in the presentation; and 3) identify interest and commitment among participants to form a working group to move the agenda forward. The session will close with a summary of the policy issues and recommendations emerging from the Networking Café.

G4
Sheraton Hall E
Thursday June 17th, 2010
3:15pm – 4:15pm

**The Future of Community Health Nursing in Canada:
A Time for Action**

Laurie Parton - Yellowknife Health & Social Services Authority
Cheryl Armistead, Claire Betker, Anne Clarotto, Kim Dalla Bona,
Kate Dilworth, Carolyn Hill-Carroll, Sheila Murray,
Laurie Parton, Cheryl Reid-Haughian, Marlene Slepko -
Community Health Nurses of Canada

In this Network Café, the participants will have an opportunity to hear the findings and recommendations of a pan-Canadian survey of community health nurses (CHNs). The environmental scan considered the issues, needs, expectations, and aspirations of Canadian CHNs, working in a wide variety of settings, as these relate to community health practice, policy, politics, and professional development. The diversity in community health issues and CHNs was reflected through a survey instrument that sought participant input in areas such as environmental health,

First Nations/Métis/Inuit health, technology, advocacy, certification, and leadership. Whether speaking to issues such as emergency response, disaster management, globalization, or health human resource shortages, the voices of CHNs are reflected, highlighted, and valued through a brief overview of trends emerging from the survey. The Network Café discourse will focus on how the results in

key thematic components ranging from macro to micro aspects are impacting CHN practice in Canada.

As one of the conference themes, “Engage in partnership and collaboration with clients and others,” participants will engage in a facilitated dialogue and be invited to reflect on the potential roles (and actions) of nursing associations to create, foster and advocate for the future direction for CHNs through Community Health Nurses of Canada. Recommendations will be developed and participants will learn and discuss actions in which they can become involved, both individually and collectively.

Key learning outcome – To have an updated knowledge of the challenges, opportunities, and the vision for Community Health Nurses’ practice in 2010 resulting in partnership and collaboration with a common purpose to support community health nurses throughout Canada

G5
Sheraton Hall E
Friday June 18th, 2010
10:15am – 11:15am

Competencies: from Launching to Living It!

Joan Reiter - Public Health Agency of Canada
Caroline Ball - City of Hamilton, Public Health Services
Yvette Laforêt-Fliesser - Community Health Nurses of Canada
Phi Phan - Canadian Institute of Public Health Inspectors
Kamloops, BC

Many health care organizations support competency-based workforce development. Competencies are the skills, knowledge and attitudes required to work in a particular field. In 2007, the Public Health Agency of Canada launched the Core Competencies for Public Health in Canada: Release 1.0.

In 2009, the Community Health Nurses of Canada released Public Health Nursing Discipline Specific Competencies Version 1 and work is underway on home health nursing competencies. Entry level competencies are being addressed by a number of academic institutions including the Canadian Association of Schools of Nursing. Several other health care disciplines, such as environmental public health professionals, are also moving in this direction.

Once competencies are ‘launched’ what happens next? The Public Health Agency of Canada in partnership with the City of Hamilton, Public Health Services conducted an environmental scan to explore ways in which the Core Competencies for Public Health in Canada: Release 1.0 are being used and integrated in public health organizations across Canada. The scan revealed many

implementation approaches with a focus on identification of successes and challenges, tools and resources to help support use, and the importance of partnerships and collaborations.

This networking session will highlight the results from this research ‘Living the Competencies’. Participants will have the opportunity to discuss the practical application of these results in their own practice and/or organization with a focus on processes, strategies, policies, tools, approaches and partnerships.

Participants will: 1. Identify at least three ways to implement competencies in their practice and/or organization. 2. Identify how the results of the research are relevant to community health nursing competencies. 3. Share ideas on competency implementation strategies that could be used in their practice and/or organization. 4. Identify a mechanism to support continued sharing of competency implementation strategies.

G6
Sheraton Hall E
Friday June 18th, 2010
11:30am – 12:30pm

Public Health Ethics: An Introduction and Interactive Discussion of Cases

Hamel Geneviève - National Collaborating Centre for Healthy Public Policy
Québec, QC

Learning objectives:

By the end of this cafe, participants will:

- Understand what public health ethics is and how moral concepts are used in public health practice.
- Understand how public health ethics can contribute to consecutive thinking about challenging issues in community health nursing practice and public health policy more broadly
- Develop awareness of how basic ethical concepts and arguments are linked to advocacy regarding the equity and justice dimensions of public health issues.
- Be aware of the different resources on public health ethics disseminated by the National Collaborating Centre and its partners.

Session outline:

- Introduction: What is public health ethics? This short 15 minute introduction to the field will provide an overview of the historical development and philosophical underpinnings of public health ethics, a presentation of some proposed frameworks for linking moral theory with public health practice, and the opportunities for intersectoral and interdisciplinary action that are created by such a connection.


- Facilitated discussion of real or hypothetical ethical dilemmas presented by participants so as to explore (a) relevance of public health ethics to participants' own work and (b) reflections on the 2008 Revisions to the CNA Code of Ethics for Registered Nurses.

Proposed methodology:

- Formal presentation with short question period, followed by a facilitated discussion of a series of case studies that will be used to familiarize the audience with the ability to identify, analyze and articulate well-reasoned responses to ethical issues arising from public health. NB: Participants should think of an ethical dilemma (real or semi-imagined based on their own experiences) to use for the workshop. They should also familiarize themselves with The Canadian Nurses Association's Code of Ethics for Registered Nurses(2008), available at http://www.cna-nurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf.

Audiences of interest:

- Front-line workers, researchers, activists, policy makers and others interested in public health issues.
- No previous expertise in ethics is required.



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For more information about OAHPP, visit www.oahpp.ca.

What is a Roundtable discussion?

There will be different topics being discussed at round tables within one room. The room will have a moderator and a facilitator will be assigned to each table. Individuals (8-10 per table) will come to discuss a topic and share ideas at one table for 25 minutes then participants can move to a 2nd table to discuss a new topic for the remaining 25 minutes. This provides a small group atmosphere and more in-depth discussion of a topic.

Qu'est-ce qu'une discussion en table ronde?

Les discussions porteront sur différents thèmes à chaque table ronde dans la salle. La salle aura un(e) modérateur(trice) et il y aura un(e) facilitateur(trice) à chaque table. Les participants (de 8 à 10 par table) auront choisi de discuter un thème et de partager leurs idées à l'une des tables pendant 25 minutes, après quoi les participants peuvent aller à une seconde table pour discuter d'un thème différent pendant les dernières 25 minutes. Cette façon de procéder crée une ambiance de groupe et permet la discussion plus approfondie d'un thème.

H1**VIP Room****Thursday June 17th, 2010****10:30am – 11:30am****Developing a Sense of 'Community-Mindedness' In Undergraduate Nursing Students**

Irene Koren, Patti Dickieson, Heather Jessup-Falcioni - Laurentian University

Debbie Shubat - Sault College of Applied Arts and Technology Sudbury, ON

Sub-theme: Inspire excellence and action in education. Engaging baccalaureate student interest in community health nursing is challenged by the pervasive emphasis on an acute care perspective in undergraduate curricula. As health care is increasingly shifted to community, the need for deliberate actions to guide student learning about community and the roles and functions of nurses in support of community health is prudent for the development of a competent community health nursing workforce. This round table discussion will explore a model of facilitating transformative learning about community health nursing that enhances baccalaureate student valuing of this practice perspective. Guided by transformative learning theory and the constructive feedback of baccalaureate nursing students following a community practice experience, the model that is presented intends to develop a sense of 'community-mindedness'. The model is premised on the belief that two processes are foundational to facilitation of transformative learning amongst the student, preceptor and faculty advisor in the community setting: meaningful experiential opportunities and reciprocal collaborative communication. Strong nursing academic-practice partnerships and relationships are integral to the transformative journey to 'community-mindedness'. Quality communication that emphasizes a socio-environmental perspective and supports meaningful experiential learning raises both social consciousness and 'community-mindedness'.

This discussion is an opportunity for community health nurses and educators to reflect on the facilitators of transformative learning in community nursing practice and the outcome indicators of 'community-mindedness' in baccalaureate student nurses.

Establishing an Atlantic Coalition for Community Health Nursing

Tracy Lovett - Community Health Nurses of Canada, NS Board Member

Ann Lebens - Community Health Nurses of Canada, NB Board Member

Karen Milley - Community Health Nurses of Canada, NL Board Member

Arlene Rose - Community Health Nurses of Canada, PEI Board Member

Conference theme: Engage; networking, communities of practice. As a result of an Atlantic workshop, "Growing Practices Together", which focused on the integration and utility of the Community Health Nursing Standards of Practice in practice settings across this region, the need to strengthen community health nursing inter-provincial relationships and partnering efforts was identified. With the number of Community Health Nurses of Canada (CHNC) members in Atlantic Canada totalling less than 200, Community Health Nurses (CHNs) in this region have recognized the need pool resources, work collectively, and create linkages amongst Atlantic colleagues to advance the mission of CHNC. The goal of this round table discussion is to build relationships amongst CHNs working in a variety of practice settings in Atlantic Canada and to foster excellence in community health nursing through the development of an Atlantic Coalition for Community Health Nursing. The mission of CHNC is to "provide a unified voice to represent and promote community health nursing and the health of communities". The presenters will share an overview of CHNC's strategic plan and facilitate a discussion regarding how this plan can be operationalized in Atlantic Canada. The round table discussion will focus on the structures and processes required to enhance and sustain CHNC in this region. Discussion will include developing

infrastructure for CHNC sustainability in Atlantic Canada, enhancing intra and inter-provincial communication and creating a unified and influential CHN voice in the region. This round table discussion will enable CHNs from all practice settings in Atlantic Canada to connect with one another and share experiences, allowing them to learn from one another and build upon one another's expertise.

Key learning outcomes include increased knowledge and awareness of CHNC's strategic direction and its applicability in Atlantic Canada and enhanced understanding of strategies to strengthen inter and intra-provincial relationships in community health nursing.

Innovative CHN Student/Preceptor Partnerships: Transitioning To Online Assessments

Geraldine Jody Macdonald, Mary Ann Fegan -
University of Toronto, Toronto, ON

Completing CHN clinical student assessments is a key responsibility for agency preceptors. Traditionally these paper assessments were completed by the preceptor, shared with the student, and forwarded to the faculty member at the university. This roundtable highlights an innovative student/preceptor partnership approach to support CHN preceptors through the transition from paper to online student assessments. This online clinical assessment process has improved and enhanced our ability to complete, collect, analyze, and share clinical assessment data. Moving to online preceptor assessments created a challenge related to the large number of preceptors in CHN agencies within the Primary Health Care Course, readiness of preceptors to transform from paper to online assessment, and the faculty outreach needed to orient and support preceptors as they learned how to access and complete online assessments. Preceptors were alerted that the faculty was implementing an online process for student assessments in the welcoming letter sent by the course co-ordinator. The decision to use student/preceptor partnerships for orienting and supporting preceptors acknowledged student strengths including experience using the online system, motivation to support preceptor learning, and direct access to preceptors during clinical practice. Change theory supported this innovative approach. The virtual practice site students utilized to orient preceptors to the online system will be discussed, preceptor uptake will be reviewed, and the benefits of the student/preceptor partnership will be explored.

Rethinking Community Placement Opportunities for Nursing Students: Innovative Project Placements in Population Health/Population Health Promotion

Heather Correale - UNBC School of Nursing
Prince George, BC

Preceptored Placements in community health nursing are impacted by staffing shortages, funding cutbacks in healthcare, and changes in the focus of care. Innovations in placements are needed to find meaningful placement sites for students in community nursing. UNBC School of Nursing is focusing on developing partnerships

within the Northern Health Authority and our northern community to identify placement opportunities for nursing students in Population Health and Population Health Promotion. Key areas within population health that have embraced practice/university partnerships and developed student placements are: "Hearts at Work", "Injury Prevention-Team T.I.P.", "BCCA-Cervical Screening Project" and the "Healthier You Expo". Northern Health is leading a new edge of thinking and practice in adopting a population health approach as one of the four pillars in its strategic plan looking to 2015. Partnerships with community practice partners in the Northern Health Authority have facilitated the identification of innovative community practicum placements enabling students to further examine and apply the basic concepts of population health. Issues that population health addresses are critical in BC, introducing students to causes of poor health, and ways to address those causes before they create (lead to) health problems within the population. Positive outcomes noted with the innovative population health project placements include, varied opportunities for students, opportunities to work in a group format, and the experience of focusing on Population Health Promotion. Challenges include the structure for clinical supervision, budget constraints within the School of Nursing as well as the Health Authority, and the variability in work patterns within Population Health Promotion.

Future plans are to maintain the existing projects and continue to work with our practice partners to develop further project partnerships which meet the needs of our nursing students in their introduction to Community Health Nursing with a Population Health focus.

Knowledge Translation for Public Health Practice

Hope Beanlands, Claire Betker, Bonnie Hamilton Bogart,
Kristin MacLellan, Anna MacLeod, Lynda Earle, Karen Weir -
National Collaborating Centre for Determinants of Health (NCCDH)
Antigonish, NS

The focus of this presentation is to explore various models of knowledge translation which assist evidence-producers in making findings easily accessible and readily available to public health practitioners working on the front lines and in program and policy development. In an attempt to bridge the gap between evidence and practice, this presentation will describe a series of inventories outlining the range of services and practices in the area of public health early child home visiting in Canada. Specific examples and narrative accounts of the results of home visiting interventions and of how practicing public health nurses address health inequities will be included. All Canadian provinces and territories offer home visiting in some form. This inventory synthesized this information; therefore, the presentation will be of interest to researchers, educators as well as practitioners. This information from the inventory has been used to develop a series of tools for use by public health practitioners including, for example: thumbnail descriptions of each province/territories program; and, a grid describing public health early child screening and assessment tools and program parameters. Participants will become informed of the

scope and practices of public health early child home visiting across Canada. They will have an increased appreciation for the role of knowledge translation and exchange in shaping their work.

Experiences of Canadian Public Health Nurses Implementing the Nurse-Family Partnership Home Visitation Program

Dianne Busser, Clare Coley, Lindsay Croswell, Agnes Elliott, Melissa Pietrantonio, Susan Szozda, Sharon Thorne -
City of Hamilton Public Health Services
Dundas, ON

Focus: In 2008 the City of Hamilton Public Health Services became the first Canadian site, and one of five International sites, to pilot the highly acclaimed Nurse-Family Partnership (NFP) program. NFP is an evidence-based prevention program of intensive prenatal and infancy home visiting that has been rigorously evaluated in the USA. Over the past eighteen months a team of Hamilton Public Health Nurses (PHN) has provided the NFP program to young, low-income, first-time Canadian mothers. **Learning Objectives:** The PHNs will describe their personal lived experiences of how implementing this nurse home visitation program has resulted in personal and professional practice changes. They will share strategies for recruiting and engaging hard-to-reach families in a home visitation program, and the nursing strategies used to promote improved maternal-child health outcomes. **Methods:** Six PHNs participated in intensive training to deliver the NFP program. Through weekly clinical supervision and regular team meetings they have reflected on their professional home visiting practice and have integrated their reflections into narratives. **Findings:** The PHNs encountered successes and challenges in developing intensive client relationships and community partnerships that are key components of the NFP program. Use of a manualized theoretically-driven curriculum and standardized assessment tools provided welcome structure to frequent home visits but did not detract from helping each client achieve her “heart’s desire.” Through the use of motivational interviewing and reflective practice PHNs gained increased skills and confidence in their abilities to affect change. Above all, the PHNs learned that they themselves were the intervention that made the difference.

Conclusions: Lessons learned from implementing NFP in Hamilton can change home visiting practice in Canada. Community health nurses and leaders have a responsibility to advocate for the continuation of NFP in Canada and for funding to evaluate its effectiveness in the Canadian context through a multi-site randomized control trial.

Enabling Knowledge to Action Through Continuing Education Activities

Jennifer Vickers Manzin, Tammy McIlroy -
The City Of Hamilton Public Health Services
Hamilton, ON

Currently, traditional methods employed during continuing education opportunities are counterintuitive to the knowledge to

action process. In response to this dichotomy, an evidence-informed continuing education strategy that enables knowledge to action was designed and implemented. The Continuing Education Strategy includes systems, organizational, and practitioner level activities. System level activities include intersectoral collaboration in providing continuing education events with community partners while building deeper networking opportunities. Organizational level activities include establishment of Community of Practice during monthly team meetings; identification and use of staff mentors; and the employment of interactive, innovative approaches during training sessions. Practitioner level activities included promotion of nursing leadership through identification and use of nursing leaders as mentors; skill-building and listening to the voice of nurses by soliciting input to and during training.

This presentation will review: (a) a model and mode for enhancing training, continuing education and/or professional development opportunities that enable knowledge to action, (b) the process of implementing an evidence-based comprehensive education strategy; (c) the link between the continuing education strategy and the Canadian Community Health Nurses Standards of Practice, and (d) evaluation and lessons learned.

Engaging a Community – Managing Outbreaks of Vaccine Preventable Diseases in a Non-immunizing Community

Mary Metcalfe, Elaine Reddick - Oxford County Public Health and Emergency Services
Woodstock, ON

Understanding the beliefs and value system of a community allows health care providers to offer services in a culturally-relevant manner. We describe public health efforts in community engagement during three recent disease outbreaks in a non-immunizing community to inform future outbreak management in similar communities. Southwestern Ontario is home to a large community, characterized by both a common religion and country-of-origin, in which a significant portion of the families choose not to immunize. In the past five years, this community has experienced three outbreaks of vaccine preventable diseases, including rubella, mumps, and pertussis. Dealing with such outbreaks can be challenging for public health because traditional infection control measures are not sufficient to prevent the circulation of disease. Public health staff engaged the community utilizing innovative approaches such as offering serology clinics to test children for immunity to disease so they could attend school if immune, meeting with community leaders and holding community meetings.

This experience can inform the management of future vaccine preventable outbreaks in the following ways: staff orientation about the community beliefs should be provided before they begin case follow-up, offer immunization to the community without forcing the issue, meet early with community leaders to clarify the approach being taken, and provide education and regular updates on the outbreak to broader community partners. Building upon the lessons learned from these experiences allows public health to prepare for similar outbreaks in the future.

Knowledge to action: exploring how Community Health Nurses can translate determinants theory into practice

Dr. Verlé Harrop - NCCDH, Antigonish, Nova Scotia
Janet MacKenzie - Department of Public Health, Amherst, Nova Scotia

Issue: Although health professionals are aware of the Public Health Agency of Canada's 'Determinants of Health Framework', they are often at a loss as to how it can be applied to practice.

Solutions: This oral presentation focuses on three examples of how the determinants framework is presently being used to inform: 1. community-based nursing practice; 2. a conceptual model for a community health centre; and 3. a program of community-based research.

During the presentation, the author will elaborate on how: 1. The University of New Brunswick's, Faculty of Nursing's, Community Health Clinic, in Fredericton, New Brunswick is using the Determinants Framework to structure questions used during the client 'in-take' process; 2. The St. Joseph's Community Health Centre in Saint John, New Brunswick, has integrated the 12 Determinants of Health into the conceptual model for the Health Centre enabling it to better illustrate the broad-based community context for its programs and services 3. The Regional Health Authority in Saint John, New Brunswick is using the 12 Determinants of Health Framework to structure the data collection and analysis in its Health Status Reports and community-based needs assessments. These three innovative yet practical examples of how to translate determinants theory into practice will inspire and enable Community Health Nurses to consider how the determinants framework might be integrated into their personal practice.

Key learning outcomes: The audience will come away from this session with a clear understanding of how the Public Health Agency of Canada's Determinants of Health Framework can be used to inform: 1. Community Health Nursing; 2. a conceptual model for a Community Health Centre, as well as 3. community-based research.

**H2
VIP Room
Thursday June 17th, 2010
11:45am – 12:45pm**

Public Health Nurses Engage in Reflective Practice: Leading in the Face of Significant Challenges

Judy Wong, Graciela Duran, Susan Mendolia,
Nicolette Slovitt - Toronto Public Health
Toronto, ON

High risk home visiting by public health nurses (PHNs) is an early intervention program designed to provide parenting support to families with complex health and social issues from prenatal to age six. PHNs practice autonomously to support and empower families in the community. This autonomy, along with families' risks and the intense nature of home visiting, often leaves PHNs

open to challenging situations. The High Risk Consultant (HRC) role was created by our organization to provide PHNs with structured peer support. HRCs engage PHNs in using a reflective practice process to enhance their knowledge, judgement and skills.

The objectives for the roundtable discussion are: 1. To share an innovative approach of engaging staff and providing peer support. 2. To describe the reflective practice process used by HRCs. 3. To address successes and challenges experienced in using the process. 4. To share strategies such that other organizations may effectively apply a similar process. HRCs facilitate the reflective practice process by creating a safe, non-judgemental environment and engaging PHNs in taking time to reflect on complex situations. PHNs are encouraged to examine their perspectives, apply relevant theories and practice guidelines, and identify interventions that best meet mutual goals. The peer facilitated reflective practice process can empower and enable nurses to continue working with families in the face of significant challenges. In 2006, thirty-three case reviews were held with 10 teams. 177 evaluation forms indicate that PHNs value using a systematic reflective practice process to enhance their practice, support optimal growth and learning, and improve client outcomes. Other organizations may consider applying a similar form of peer support and apply the guided reflective practice process to promote professional development.

Pan-Canadian Inventory of Public Health Early Child Home Visiting

Hope Beanlands, Claire Betker, Bonnie Hamilton Bogart,
Karen Weir, Anna MacLeod, Kristin MacLellan - National
Collaborating Centre for Determinants of Health
Antigonish, NS

Issue and Focus: In recent years, public health early child home visiting programs, delivered for many years in every province and territory in Canada, are receiving renewed attention as a strategy to support healthy child development outcomes. Yet, a lack of clarity exists regarding the effectiveness of these programs. Project Description and Findings: A comprehensive inventory of home visiting programs in Canada was conducted to identify the provincial/territorial similarities and differences and to illuminate the evidence, including the tacit knowledge, that early child home visiting improves health equity and health outcomes of children and their families. The environmental scan of public health home visiting programs collected information through telephone interviews using tools that were designed to provide a comprehensive overview of the structure and practice of home visiting programs in Canada, including the relationship between home visiting, the determinants of health, health outcomes and health equity. Relevance to Public Health Nursing: Specific questions asked of the information included: How are home visiting strategies currently being described? How do these conceptualizations emerge and in what kinds of contexts? What are the effects of these discourses in terms of early child development as a determinant of health and health equity? The information

gathered has been synthesized and is presented. The results of the inventory include a description of home visiting service delivery models, evidence-informed tools, data collection and tracking systems, best practices and the experiences of those who plan, deliver and evaluate these programs.

Key Learnings: This poster presentation highlights the process used to conduct the inventory, the results of the environmental scan, the analysis of the data, the lessons learned and opportunities for further analysis and knowledge translation.

A Collaborative Effort in Oral Health In A Remote Northern Health Region

Jane Smith - Beaufort Delta Health and Social Services Authority
Crystal Lennie - Inuvialuit Regional Corporation
Inuvik, NT

When a child has dental caries and/or gum disease there are significant health implications. Pain resulting from poor oral health makes eating healthy foods difficult and comfort foods are sought, usually with minimal nutritional value. Harmful effects include: poor nutrition; obesity and other health related issues; trouble sleeping; and lack of concentration in school. In the Beaufort Delta Health and Social Services Authority (BDHSSA) of the NWT, approximately 120 children require teeth extraction under general Anesthesia each year. As traditional approaches in addressing this issue have not been successful, the Beaufort Delta Region recognized that a united approach in the attainment of oral health was needed to change existing cultural behavior, while at the same time maximizing minimal resources to remote, isolated communities in the North. Funded by the Aboriginal Health Transition Fund, an alternative five year, comprehensive oral health program for children aged 0 to 6 years was developed. Participants included: physicians, dentists, home care nurses, dietitians, speech language pathologist, an early childhood education representative, and members of the Inuvialuit Regional Corporation and Gwich'in Tribal Council. The purpose of this presentation is to present the outcomes of this innovative project.

At the end of the presentation, participants will be aware of strategies to use in addressing oral health care in areas with minimal dental resources. To date, this plan has been enthusiastically received by professionals, community representatives, and parents. Implications for practice include better overall health and quality of life for children.

Promoting Excellence in Infection Prevention and Control in Long-term Care Homes

Tara Cretney - York Region Public Health
Newmarket, ON

The purpose of this project is to recognize a long-term care home (LTCH), on an annual basis, who has demonstrated exceptional infection prevention and control (IPAC) practices. In the recent release of the 2008 Ontario Public Health Standards which state that boards of health will provide direction with respect to the

prevention, detection, and management of infectious disease outbreaks of public health importance in institutional settings, reinforcing IPAC practices is a key role of public health nurses. In 2007 our health unit introduced the 'Home in Spotlight' recognition at our annual infection control conference for LTCHs and other health related stakeholders. LTCHs in our region were encouraged to apply and were then ranked on several categories. Categories included; food safety, infection control meetings, infection control related education and training, surveillance activities, staff influenza immunization rates and findings on their annual infection control audit completed by our public health inspectors. We were encouraged by the interest in our project when 60% of homes from our region applied for the recognition. The winner of the recognition is announced at our annual infection control conference and given a framed certificate that they can proudly display in their home.

We are hopeful that this innovative project will be a sustainable initiative for many years to come. There are few opportunities for LTCHs to be recognized for their efforts and dedication to maintaining high infection control standards. This is a wonderful opportunity for public health to collaborate with the LTCHs; after all, their success is our success too!

Achieving Excellence - A Collaborative Approach

Michelle Davison - CBI Home Health - Alberta
Calgary, AB

Home Health Services across Alberta continue to diversify and expand. In response to both external and internal needs to improve quality measurements and outcomes CBI Home Health created and implemented a new internal measurement and monitoring system designed to create sustainable individual and team targets that would result in a competent and stable workforce that would be engaged in providing the highest level of quality client care. The Achieving Excellence Program included specific targets for both internal (non-clinical) and external (clinical) staff members. CBI believes that client care starts at the point of contact and is embedded within all roles and responsibilities through the organization. The goals, findings and conclusions were based on 2 specific targets that were measured within the model. The target specifics included clinical competency of the HCA (Health Care Aide) and improved service outcomes in relation to client care scheduling and service management. The project spanned January 1 2009 – December 31 2009. Based on Role Specific Targets “toolkits” were created to help team members achieve success.

Outcome reports for staff utilization and retention, employee competency, and direct business outcomes such as service volumes were generated and reviewed monthly for the entire project. Interdisciplinary collaboration was required to achieve individual targets based on leadership, knowledge exchange and measured action. Outcome reviews identified an increase in staff retention and utilization over the span of the project. These increases were directly influenced by staff engagement with service scheduling and educational support for clinical competency.

A Symptom Relief Kit: Innovative Symptom Control in Palliative Homecare

Suzanne d'Entremont - VON Canada
Yarmouth, NS

Nurses providing palliative homecare recognize that the client's condition can often deteriorate much quicker than anticipated. Nurses are often called to the home and are not able to reach/contact physician to get meds/orders to relieve acute symptoms of the dying client. As a result, clients suffer an agonizing death while family and supports watch helplessly or they are transported to a hospital only to die on a stretcher in an overflowing ER. The Symptom Relief Kit (SRK) was developed to respond, usually at short notice, to symptom relief for clients in terminal phase of life. An interdisciplinary trans-sectoral team examined this concern and devised and implemented a more effective way to attend to the needs of clients and family during this terminal phase. Nurses, palliative physician, pharmacist, developed the appropriate list of medications to be housed in the kit, and process to access it as well as education for all involved. Given the imperative for accessibility 24/7 to the community nurse, long term care facilities in the region agreed to house the kits. The District Health Authority provided financial support. This has become a true example of collaboration across a district involving a trans-sectoral team including community, acute care and longtermcare. Our nurses are the deliverers of care and have a sense of confidence in providing palliative care and symptom management. Our physicians have benefited from enhanced knowledge of best options for symptom relief and our services. Physician quote "SRK has been transformational in providing best care to our patients with terminal illnesses who chose to spend the end of life at home. Accreditation Canada identified "the kits have dramatically reduced the need for admission for sudden pain control to the palliative population". The kits have been utilized in 49 instances, assisting in providing quality of life, a "good death".

Engaging Community Partners in Providing Early Identification Developmental Sessions in Hamilton Ontario

Rose Pocsai - City of Hamilton Public Health Services,
Family Health Division
Glenda McArthur - Public Health Service, City of Hamilton
Hamilton, ON

Early screening with information and referral provides support for achieving the best outcomes for children (McCain, M. N. & Mustard, J. F., 1999). City of Hamilton Public Health Services (PHS) partnered with specialized children's services to provide Child Development Clinics from Oct 2005 to 2008. This "Roaming Clinic" model provided approximately 11 clinics per year in selected Ontario Early Years Centres (OEYC). Recognizing that this model could only provide limited support and referral for families, PHS identified the need to develop strategies that included greater access and follow up for families within existing resources. This presentation will show how PHS collaborated with community partners to provide an expanded service within existing resources. The City of Hamilton Best Start Network coordinates the delivery of Early Years services through the OEYCs. Public Health Nurses and other service

providers work with an OEYC district to provide services to families. Using this model, PHS collaborated with community partners to develop Check It Out sessions. Check It Out sessions are delivered by a core team of service providers with consultation support from specialized children's services. The Check It Out model offers 64 sessions/year in OEYCs and other community sites including Child Protection and Young Parent agencies. Check It Out provides families with greater access to information and support and ensures consistency of follow up with team members at their local OEYC.

Outcomes will demonstrate an increase in numbers of families that receive screening, support and intervention for child development concerns. Families benefit from increased access to early child development screening and support, including follow up with a consistent service provider. Families are also more likely to seek and receive support within a familiar environment. Collaboration with other professionals strengthens nursing practice through knowledge exchange, and shared goals.

H3
VIP Room
Thursday June 17th, 2010
2:00pm – 3:00pm

Partners Enabling Client Centred Care Through Innovative Technology

Jane Myles - VON Middlesex-Elgin
London, ON

Medically-fragile children require an extensive support network to remain in their homes, however, often the shortage of nurses means demand exceeds capacity. Even when a shift nurse is available, use of resources is inefficient since in the home the nurse to client ratio is 1:1. Recognizing the whole is greater than any individual part, VON worked with its partners using a multi-disciplinary team approach to create an innovative, comprehensive and courageous new service entitled the Enhanced PSW project (epsw). With funding through Health Force Ontario, VON, SWCCAC, Physical Relief, and Sensory Technology worked together to develop a model of service delivery that utilized the expertise of clinical service with non-regulated service providers through the portals of technology. Program success was dependent on listening, learning and applying the unique knowledge and expertise from each member of the team. The epsw project was led by the paediatric specialists that manage and deliver the VON Medically Fragile Shift Program. In collaboration with its partners, VON tested a model of care that included specially-trained PSWs in the shift nursing team. A software application and secure web portal was developed that allowed PSWs to provide care to the child at the bedside while connected to a remote VON Nurse through technology. Via Smartphones, the PSW's sent clinical observations to the Nurse through the portal. The Nurse reviewed the data and returned instructions for clinical intervention back to the PSW. Through this care model a Nurse could support more than one client per shift. Four PSW's and two Nurses supported three families in this pilot.

Responding to human resource shortages while increasing VON's ability to respond to rising community health care needs, the epsw project clearly demonstrates the unlocking and unleashing of competencies through a technology-based interdisciplinary team approach.

From the Bedside to the Boardroom: Managing the Double Bottom Line

Cindy Hitsman - VON Canada
Ottawa, ON

This presentation will highlight one nurse's leadership journey from the bedside to the boardroom. As the new leader of a national business development team responsible for diversification and revenue generation for a national health and social service organization, the presenter has been forced to look at the world through another set of lenses. This journey has brought her face to face with the reality of managing the 'double bottom line' – that delicate balance between ensuring both financial viability and quality client outcomes. The presentation will document the challenges and insights of the presenter as the lone nurse leading a team of business professionals. Using William Bridges' theory of transition, the presentation will provide insights into how the presenter moved through the chaotic 'Neutral Zone' to the 'New Beginning' phase of the presenter's leadership journey. The presentation will conclude with a discussion of how Kouses and Posner's five practices of exemplary leadership support the use of self to inspire leadership from the heart.

Objectives of the presentation: (1) To describe the lived experience of creating (or changing) an organizational culture; (2) To describe how both client care and financial success are inextricably linked; (3) To describe how nurse leaders can influence both financial and client outcomes.

Nursing Influencing Accreditation Standards: What Makes Sense?

Nan Cleator, Irene Holubiec, Vivian Papaiz - VON Canada
Ottawa, ON

Infection surveillance is essential in home-care to meet Accreditation standards and address growing infection risks. However, published literature is acute-care focused, and therefore data collected is not meaningful. Nursing mobility and isolation inherent in home-care makes engaging nurses in infection reporting challenging. A surveillance strategy that was relevant and practical in home-care was needed. Leadership and innovation were necessary, so in partnership with the North-Simcoe Regional Infection Control Network, a quality improvement project was conducted to determine infection surveillance relevant for home-care. Local and national projects sought to determine why and how to conduct home-care infection surveillance. Led by a steering committee and early involvement of key stakeholders ensured the project design included tactical strategies to address challenges. The whole organization was made aware of the purpose

and importance of the initiative and influential leaders were engaged to support the practice change. Varied methods of communication were used to prepare the organization for changes. The result was the development of a standardized reporting tool and process using familiar and easy to follow systems. All nurses received education on how to identify and report infections. Once the local project was completed, lessons learned were incorporated into a national approach. Evaluation revealed that success was achieved by focusing everyone on a client care improvement strategy and by following effective change management processes. Through innovation and a rigorous approach, Accreditation standards were met, home-care indicators were developed, and standards that didn't make sense were influenced.

This work will inspire other home-care organizations to meet the standards and to collect meaningful infection data. This example demonstrates that home-care nurses can inspire excellence in practice and policy. Participants can use this presentation to plan infection surveillance and decide on implementation strategies and resources required to develop an effective and sustainable home-care infection surveillance strategy

Aboriginal Nurses: Acknowledging the Past; Reconciling the Present to Redress the Future

Adele Vukic - Dalhousie University
Halifax, NS

The work life experiences of Aboriginal nurses in Atlantic Canada have been an understudied field. The purpose of this study was to investigate the work life experiences of Aboriginal nurses in Atlantic Canada with the goal of fostering greater understanding of the ways in which race; ethnicity and culture shape and affect the work life of Aboriginal nurses. Using a grounded theory approach and the principles of Community Based Participatory Research this study interviewed 22 nurses from Atlantic Canada beginning with the open ended question "what are the work life experiences of Aboriginal nurses in Atlantic Canada." Aboriginal nurses and research assistants were included on the research team to ensure community agreement in procedures and results. Interviews were coded using Atlas Ti software. Study findings resulted in six major themes; socio-political context, cultural context, becoming a nurse, navigating nursing, race racism in nursing and way forward. The majority of nurses in this study were working in the community or are in leadership positions. This study presents how Aboriginal nurses working in their communities are working with public health nurses in Atlantic Canada to deliver programs in the community. The barriers Aboriginal nurses face and the challenges they have overcome provide direction to enhance the work life of Aboriginal nurses.

Participants will learn of these challenges and the findings will help explicate opportunities to further advance the health of Aboriginal Peoples living in First Nations communities.

Developing a New Generation of Community Health Nurses

Ruth Schofield, Rebecca Ganann, Leanne Siracusa -
McMaster University
Hamilton, ON

Focus: If assumptions and stereotypic views are left unchallenged, this can negatively impact care of clients as individuals, families, groups, communities or populations. Service learning is one educational approach that not only provokes emotion and challenges stereotypes, but also increases student awareness of and sensitivity to issues relevant to particular population sub-groups. Students are faced with people's life circumstances and experiences that influence their health and wellbeing. Experiences could relate to diversity across ability, age, gender, health, spiritually, culture, social structures, resources, and status. Solution: Using this innovative service-learning pedagogy that is ground breaking in Canadian nursing education, a structured, reciprocal learning experience was created that inspire civic engagement and advocacy, and builds awareness of health and diversity in nursing through intentional critical reflection. The aims of the course were to provide service to individuals served by community organizations, enhance academic learning of course concepts such as social justice, experience personal development and develop a sense of civic responsibility. Over 40 community organizations eagerly accepted first year nursing students. Implications of this educational approach influence the student, the faculty, and the community.

Key learning outcomes include an understanding of the development, implementation, and evaluation of this innovative and unique course, the association with the core competencies for public health and the PHN competencies, and implications for community health nursing education.

H4

VIP Room

Thursday June 17th, 2010

3:15pm – 4:15pm

Promoting Inclusion and Challenging the Processes of Exclusion

Sharon Yanicki, Penni Wilson, Mary Nugent -
University of Lethbridge
Lethbridge, AB

This roundtable discussion will address social inclusion and exclusion as a dialectical concept and a matter of social justice. Participants will explore some of the processes that enable/constrain individuals, families and population groups' opportunities to participate in their community. Common barriers to participation will be identified and strategies to overcoming these barriers will be shared. The social, cultural and economic dimensions of inclusion/exclusion will be considered. Poverty and racism will be considered as sources of exclusion, differing life experiences and differing life chances. Participants will be invited to critically reflect on their experiences of supporting those most at risk for exclusion in

Canadian society (e.g., low income women, Aboriginal peoples, youth and racialized groups). The CNA social justice gauge will be applied as a tool to identifying opportunities for policy advocacy (e.g., within their organizations, communities and Canadian society).

Participants will be invited to share their experiences of mobilizing community members and moving into action on policy issues.

Community Health Nurses: Quiet Leaders in Public Health and Primary Care Collaboration

Ruta Valaitis, Linda O'Mara, Sandy Isaacs - McMaster University
Ruth, Martin Misener, Donna Meagher-Stewart -
Dalhousie University
Marjorie MacDonald - University of Victoria
Sabrina Wong - University of British Columbia
Judy Burgess - University of Victoria
Hamilton, ON

Despite the recent increase in research to study multidisciplinary collaboration in primary care teams, there has been a paucity of research focusing on building collaborative relationships between primary care (PC) and public health (PH). Nurses, including public health nurses, family practice nurses and nurse practitioners are in a strong position to act as leaders in building collaborations between PC and PH. Despite this, there is limited research regarding successful strategies to build and sustain collaborations between these sectors and even less reported regarding the role that nurses play to support them. The purpose of this presentation is to identify a) roles nurses play in building, maintaining, and sustaining local collaborations between PC and PH, and b) barriers and facilitators for nurses to foster such collaborations. A scoping literature review was conducted drawing on 114 papers, which addressed PC and PH collaboration since 1988 (10 years following the Declaration of Alma Ata). Data from these papers were extracted related to the research questions. Further, 70 key informant interviews were conducted with senior policy makers and executives, middle managers and practitioners from across Canada representing many disciplines in both sectors. Data from these two sources was analysed qualitatively. Early findings point to actual and potential roles for nurses as leaders in building and maintaining collaborations, such as: developing protocols; establishing links with partners; negotiating funding; preparing grant applications; setting up clinics; implementing projects; coordinating meetings, communications and care delivery; providing direct case management; coordinating services to avoid duplication; pooling resources and skills; and providing direct service (assessments, health promotion/prevention).

Learning outcomes for participants include identifying nurses' roles, factors facilitating and hindering nurses to work in collaborations and strategies to enhance nursing capacity to build and maintain collaborations. Implications related to the development of nursing leadership in collaborations will also be presented.

H5
VIP Room
Friday June 18th, 2010
10:15am – 11:15am

Acting on Healthy Public Policy: Tapping into the Expertise, Points of View and Needs of Community Health Nurses

Hamel Geneviève - National Collaborating Centre for Healthy Public Policy
Québec, QC

General objective: The purpose of this roundtable discussion is to solicit the views of community health nurses in order to improve our collective capacity to promote healthy public policies. We will also explore how the NCHPP could best work with community health nurses in their efforts to promote healthy public policies. Specific questions will include, for example: To what extent should the Centre focus on research syntheses of specific interventions and to what extent on building professionals' understanding of public policy processes? The Centre will also inquire about any specific common themes or public policies on which it should focus. Finally, we will discuss how participants might continue to interact with the Centre, and how we might in turn support collaboration among participants.

Maximizing Staff Utilization & Monitoring Caseload: A Provider-Contractor Collaborative

Karen Thompson - ParaMed Home Health
London, ON

Issue / Focus In a health care environment burdened with human and financial constraints, organizations must create strategies to leverage the talents of the workforce to ensure safe, quality and ethical care, while continuing to meeting regulatory and legislative requirements. Collaboration, communication and coordination are fundamental to building healthy relationships and teamwork where new ideas can be tested, where clients and families can be supported in achieving best possible outcomes and where best possible utilization of all staff can occur. Solution In partnership with a CCAC, one home health care organization accepted the challenge to develop innovative ways to maximize staff utilization. A multi-pronged strategy was created that included review of current practices, design and implementation of an improved approach, introduction of technology, education of all staff and integration of best practices. How Findings can be used in home health The outcomes of this initiative have been widespread including: more accurate understanding of drivers of utilization rates, improved utilization of all staff including nurses and unregulated care providers, improvements in teamwork, revisions in monitoring the nurse's case load and increase in new referral acceptance rate. Relevancy to various settings This presentation will provide an overview of structures, processes and outcomes along with lessons learned and future plans to continue the evolution of this utilization practice.

Key Learning Outcomes for Participants:

Participants will: 1. Learn about the innovation and how health human resources were maximized 2. Learn about the outcomes of this innovative 3. Learn about the organizational development process and collaboration necessary to realize the outcomes of this initiative 4. Learn about lessons learned and future plans for further integration of this innovation

Nurse and Manager Recruitment for Community H1N1 Mass Immunization Clinics in an Urban Region of NL

Holly LeDrew, Moira O'Regan-Hogan - Eastern Health
St. John's, NF

Newfoundland and Labrador (NL) with its small population faced unique human resource issues related to the surge capacity of qualified nurse professionals to manage and staff mass immunization clinics during the H1N1 pandemic. Private staffing agencies for nurses, present in other provinces, are more limited in number in NL. The vast majority of permanent and casual nursing staff are employed by one of four Regional Health Authorities. Hence, when attempting to recruit additional staff for mass immunization, most "available" nurses were thought to be already employed. Another concern was in terms of the expertise needed to manage the mass immunization clinics. It was recognized that current Community Health and Nursing Services managers in the urban area could not manage the mass immunization process while continuing to manage essential community health nursing services. In this region the solution lay in recruiting retired nurses and managers, while redeploying staff with appropriate experience and skill. Retired nurses from all sectors, including retired community health nurses, responded to the recruitment initiative. Retired nurse managers were also recruited, with a particular emphasis on those who had previously worked in community health. This initiative proved to be both invaluable to the organization, and the rich experience for those working with retirees whose extensive experience and problem solving skills assisted greatly in the work and management of these very busy mass immunization sites.

Lead From Where You Stand-Strengthening Leadership and Professional Practice

Heidi Carr, Jennifer Bourque - VON Canada
Halifax, NS

Issue/Context: Leading others and managing resources in homecare brings many unique challenges. Mobile staff spread over large geographic distances, regulated and unregulated providers with unique professional development and education needs; evolving standards of practice makes managing resources in homecare very complex. Leaders have to have the necessary skills and competencies to be responsive and to "grow" future leaders. How can this be done? To address this challenge, our organization developed and implemented two education programs. These focused on healthcare leadership competencies and professional practice. Professional Practice - at this workshop nurse managers learn how to manage and support nurses within the identified

attributes of professionalism in the RNAO Professionalism Best Practice Guideline. Specific home care scenarios are used to support and reinforce learning. Healthcare Leadership - is focused on increasing management and leadership competencies in the management of regulated health professionals and unregulated care providers to create a work environment that promotes practice excellence, quality of work life, critical thinking skills and client centred service orientation. Managers are provided tools to support them meeting and exceeding identified organizational leadership competencies.

Key outcomes of these sessions: Participants develop leadership contracts where they complete a self-assessment of their leadership competencies and identify plans to address areas for growth. Follow-up evaluations are completed four months post program to ensure program objectives are met. Both programs have been positively evaluated by participants with over 90% evaluating the overall programs as being very good or excellent. Relevance to others: Other community based organizations should consider providing similar leadership and professional practice education sessions to formal and informal leaders to enable them to support and grow future nursing leaders.

Learning Outcomes: Participants of this session will be inspired and engaged in actionable steps to support leadership.

H6 VIP Room Friday June 18th, 2010 11:30am – 12:30pm

The Air Quality Health Index - A New Tool for Reducing Health Risks

Carol Mee - Toronto Public Health, Toronto, ON
Della Faulkner - Canadian Nurses Association, Ottawa, ON

Issue: Each year in eight Canadian cities, air pollution is responsible for approximately 5,900 preventable deaths. If your patients include the elderly, young children and people who have respiratory or cardiovascular conditions, you need to educate yourself about the new Air Quality Health Index (AQHI). The easy-to-use and geographically relevant index will help community health nurses determine risks of air pollution to the health of your patients. AQHI resources have been developed to assist community health agencies and health units in promotion of the AQHI in their communities. An AQHI Toolkit has been designed to support promotion of the AQHI by a variety of health professionals as they can easily adapt the resources for use in their area. The AQHI is being promoted through intersectoral collaborations including partnerships with Health Canada, Environment Canada, the Canadian Nurses Association, public health units, as well as, local environmental groups.

Key Learning Outcomes: In this workshop, you will learn how to use this valuable tool to support patients most at risk from air pollution and have the opportunity to provide input on the best ways to teach community health nurses about the AQHI. You will

also learn about a new resource, the “AQHI Toolkit” that contains information, resources and multi-media tools to help you or your organization launch an AQHI education and outreach campaign in your community.

Setting the Stage for Action: Tobacco Cessation Best Practice in Ontario

Jennifer Tonn - Simcoe Muskoka District Health Unit
Sheila John, Nancy Bauer - Registered Nurses Association of Ontario
Barrie, ON

Nurses across Canada play a crucial role in ensuring that health promotion best practices are implemented into the daily practice of nurses in all health care sectors. A provincial Smoking Cessation Best Practice Initiative was developed to increase capacity in supporting the integration of these best practices through the leadership role of Public Health Nurses (PHN). As leaders in the area of smoking cessation, PHNs collaborated with a wide range of healthcare professionals to promote the implementation of smoking cessation best practices through evidence-based education sessions. The Smoking Cessation Best Practice Initiative focused on the establishment of Public Health Unit (PHU) smoking cessation project sites across Ontario as “hubs” of smoking cessation activity. A Public Health Nurse Smoking Cessation Coordinator was established in each region to facilitate and support the education of smoking cessation best practices through the Smoking Cessation Champions Program which provides full-day training to nurses and other health care professionals, on the integration of smoking cessation best practice into organizations. Ten Smoking Cessation Workshops were held across the province. Over 320 nurses and other health care professionals, from over 100 organizations, have been trained as Smoking Cessation Best Practice Champions and have been provided with tools and resources to disseminate their Best Practice Knowledge within their organizations.

Participants at this workshop will gain insight into the value of Best Practice Guidelines; tools to disseminate Best Practice Guidelines into Nursing Practice; and the benefit of a collaborative approach to dissemination of evidence base practice.

Laying the Groundwork for a Blueprint to Strengthen Public Health Nursing: A Centre of Excellence As One Approach

Audrey Danaher - Audrey Danaher and Associates
Jane Underwood - McMaster University
Yvette Laforêt-Fliesser - School of Nursing, University of Western Ontario
Ruth Schofield - School of Nursing, McMaster University
Claire Betker - National Collaborating Centre for Determinants of Health
Lisa Ashley - Canadian Nurses Association
Diane Bewick - Middlesex-London Health Unit
Joyce Fox - Simcoe Muskoka District Health Unit
Adeline Falk-Rafael - School of Nursing, York University
Audrey Danaher - Community and Public Health
Toronto, ON

Changes to the health system have impacted service delivery and created barriers to leadership development and innovative practice. Access to resources and organizational supports are impacting the capacity of public health nurses to provide quality care. Several recent reports, funded by the Public Health Agency of Canada and Community Health Nurses of Canada (CHNC), identified challenges facing community health nurses in Canada and made several recommendations for change. This session will report on a synthesis of the report findings, with emphasis on action required to strengthen and support public health nursing. The merits of a Centre of Excellence in addressing the recommendations will be explored. A synthesis of the reports was conducted through funding from CHNC, and focused on issues facing home health and public health nurses including preferred directions for community health nursing; enablers and barriers for nurses working in the community; continuing professional development needs; and public health nurse education. The synthesis considered recommendations through the lens of four areas: leadership; role clarity, building professional capacity, and interprofessional practice. The results of the synthesis will be presented, giving an overview of the challenges and recommended directions for public health nursing and community health nursing in general. The findings will lay the groundwork for a national blueprint for action, elements of which will be shared. The feasibility and appropriateness of a Centre of Excellence for Public Health Nursing in building public health nursing capacity across the country will be discussed in terms of access to needed resources, leadership development, and strengthened interprofessional practice environments.

Participants will: describe priorities for community health nursing; identify elements of a blueprint for action; and discuss the feasibility of a Centre of Excellence in addressing nursing issues.

Does Working with Youth and Community Partners Decrease Mental Illness Stigma in High School Students?

Linda O'Mara - McMaster University, School of Nursing
 Daina Mueller - Ministry of Health Promotion and Health Protection
 Lorraine Grypstra - Public Health, City of Hamilton
 Hamilton, ON

Project Purpose and Focus Adolescents have a high prevalence of mental illness and stigma may prevent adolescents from seeking help. Youth Net is a community-based youth mental health promotion program that aims to increase awareness of mental health issues, decrease stigma towards mental illness and increase help seeking behaviours. This study examined if stigma towards mental illness decreases for youth 13 to 18 years old after participating in school-based Youth Net focus groups (YNFGs). Furthermore we explored the interaction of stigma to helping behaviours, and willingness to seek help. Students (n=294) from six high schools (two low, medium and high need) in a South Western Ontario city participated in a randomized controlled trial. Participants completed baseline questionnaires measuring stigma, depression, helping behaviours and help seeking behaviours. The

intervention groups received YNFGs and the control groups did not. One month following, the questionnaires were repeated. Data analysis included descriptive statistics, intraclass correlations, t-tests, Chi squares, ANOVA, and ANCOVA. Findings Stigma decreased for participants in the intervention group in low need schools. YNFGs were more effective for girls. Stigma scores were neither associated with helping behaviours nor willingness to seek help. Lastly students attending high need schools reported more mental health problems (depression). Conclusions and Implications for Community Health Nursing Study findings suggest: continuing with YNFGs as is in low need schools; enhancing YNFGs in medium and high need schools. Public Health nurses are in a key role to work collaboratively with community partners in further providing evidence of the effectiveness of mental health promotion with youth.

Learning Outcomes Presentation participants will 1: have an increased awareness of youth mental health as an important area for public health nurses to be involved in 2: be more informed about the need to adapt interventions to specific populations.

Community Health Nursing Students Making International Connections

Jasna Schwind, Margareth Zanchetta, Sharon Paton,
 Kateryna Aksenchuk - Ryerson University
 Franklin Gorospe - McMaster University
 Rob Fraser - University of Toronto
 Toronto, ON

Global awareness and knowledge sharing have become a reality in education and healthcare. To more fully educate nursing students for professional roles in community health their exposure to greater international opportunities is essential. Four third year undergraduate students in a community health nursing course expressed their interest to apply Canadian knowledge in health promotion to a different country. Mentored by their Brazilian Diaspora faculty advisor, they successfully earned an Association of Universities and Colleges of Canada "Students for Development Grant". In partnership with Rotary International Foundation they created an internship plan to address issues of social development for health. The three-month experience abroad aimed to: 1) share information about Canadian community health promotion, mainly social determinants of health; 2) document community potentials and barriers in order to enhance the impact of humanitarian/social programs; and 3) learn about international health promotion practices. Upon their return our research team used Narrative Reflective Process (NRP) (Schwind, 2008), based in Narrative Inquiry qualitative research framework (Clandinin & Connelly, 2000), as well as individual structured interviews, to learn about students' experiences abroad. Students learned how "nurses go to people" with caring respect and how marginalized people happily welcome the health promotion information they receive. They discovered that the value of caring is integral not only to community health nursing in Brazil but also to Canadian nurses who provide care to multicultural populations. Moreover, they realized how actions for social development can sustain health promotion endeavours. Information gained from this experience will assist

educators in planning and developing future international placements that are meaningful to students' learning about community health, as well as supportive to community needs. The audience will learn how community health in Canada and abroad can benefit from international student placements.

**Maximizing Scope of Practice Among Nurses:
Leveraging Best Practices to Support Role Change**

Samantha Thomson, David Keselman, Sherri Huckstep -
VON Canada
Markham, ON

The continuous evolution of the health care system creates unique opportunities for change leading to progress and innovation. Nevertheless, ensuring that the right nursing provider is delivering care and service based on the needs of the client within the context of the practice environment is a struggle for most community provider organizations. The focus of this presentation is to share an innovative, collaborative approach to leading practice change and optimizing scope of practice within a specific community care organization, the Victorian Order of Nurses (VON). It will focus on the conference theme of "Connections with People" as we describe our journey through this project. VON Canada, Central Region is embarking on a Maximizing Nursing Scope of Practice Project in several of its Ontario sites. The goal of this project is to engage nurses in implementing practice changes that influence quality care and quality of work life. The work of this project is supported and guided by the Registered Nurses Association of Ontario (RNAO) Healthy Work Environment Best Practice Guideline "Collaborative Practice Among Nursing Teams" and the College of Nurses of Ontario (CNO) Practice Guideline "Utilization of RNs and RPNs" and the tenants of the CNO's 3 Factor Framework. The project includes very deliberate and practical steps that respect the local nursing culture of the sites and the sensitivity that comes with talking about scope of practice and work redesign. Implementation practice changes must consider, but not limited to, the following challenges: Geographical area, practice isolation, autonomy, limited "just in time" support at the point of care and decentralized planning and scheduling elements and processes. All of these will influence the implementation approach, as well as the successful adoption of new roles and functions.

Youth Engagement in Central East Region: Going Boldly Where No TCAN Has Gone Before!

Cindy Baker-Barill, Joyce Fox - Simcoe Muskoka
District Health Unit
Barrie, ON

Health Units in Central Eastern Ontario are working to form a foundation for youth engagement by sharing local experiences and developing a shared vision for the future. The purpose of the project is to evaluate the level of youth participation in each of the 6 health units within the region using Roger Harts Ladder of Youth Participation. After establishing the current level of participation a structure to engage youth locally and regionally will be developed. Underlying Assumptions are that health units believe that youth engagements is an important strategy in achieving public health goals, and health units are already engaging youth in activities but would like to increase the level of engagement. This type of visioning is key to establishing successful health promotion and youth development outcomes in the community. Will describe today's youth, and the influences affecting their health and why a youth engagement model is an effective way to reach this audience. Examples from health units will be highlighted to demonstrate the different type of outcomes and the effect of increasing levels of youth participation have on outcomes. This involves describing ways for public health nurses to establish effective relationships with youth to further public health outcomes.

Key learning's: description of youth, influences on youth such as online social activities, examples in Central Eastern Ontario, the importance of establishing relationships with youth to successfully influence healthy decision making and ways to form this adult/youth partnership.

Transformational Leadership Theory: What Every Leader Needs to Know

Paula Rolfe - WRSON
 Corner Brook, NF

The concepts and processes of leadership theory can be overwhelming for new nursing leaders. The Canadian Nurses Association (2009, para. 1) states that "leadership plays a pivotal role in the lives of nurses" and "nursing requires strong, consistent and knowledgeable leaders ...". Leaders need to learn skills to be effective yet the massive amount of literature that must be accessed to make an informed decision on the style to choose to learn the skills is overwhelming. While numerous studies have examined and explained leadership there is no definitive theory to guide the nursing leaders of today and tomorrow. Transformational leadership theory (TLT) is one theory that has been shown to be an effective style for leaders. Although it does not account for all situations, providing the new leader with information on TLT using the common themes extracted from the literature (relationship, leader attributes and environment) will help lead to success. This will be enhanced using personal experiences and strategies for implementation to ensure the new leader develops an understanding of how they can utilize TLT in their practice. Once learned, these principles can be transferred to any environment including community and acute care. While the formation of a reciprocal relationship is the basic premise of TLT, the leader attributes, and in particular charisma and integrity, and the environment that the leader and follower create are crucial to a successful and effective organization.

The key learning outcomes include learning the principles associated with Transformational Leadership Theory, as well as, the perils inherent in any leadership theory. The use of personal information makes utilization of the theory into practice more user-friendly and real for the end-user. This offers an exciting way for new leaders to learn the skills necessary for them to be an effective leader in today's constantly changing organizations.

Spiritual Health Assessments in Public Health Nursing

Gayle Hilsabeck - Fraser Health Authority
 Abbotsford, BC

Understanding the behaviours that individuals practice that increase the health of the community is critical to effective health promotion. Public Health Nurses (PHNs) routinely look at the emotional, mental, and physical behaviours of individuals and their impact on self and society; the assessment of spiritual behaviours has been neglected. At present there is no official data on how, or if, spiritual health assessments are being completed by PHNs. The purpose of this study was to narrow the gap between holistic philosophy and holistic practice. This was accomplished through gathering data from PHNs in British Columbia on the inclusion of spiritual health assessments on clients in their day-to-day practice. Information from Public Health Nurses on spiritual health assessments of clients

within Health Promotion and Prevention (HP&P) was gathered through an on-line survey. The objectives for the study were: 1. Discover how Public Health Nurses view spirituality as a component of personhood. 2. Determine how often Public Health Nurses include an assessment of a client's spirituality. 3. Discover what Public Health Nurses perceive as barriers to including spiritual assessments in their practice 4. Determine if there are demographic factors that predispose some Public Health Nurses to include spiritual assessments more often than others without those factors. Findings are presently being analysed. This study augments the limited amount of research focusing on spiritual health and the well population. It is a first step in increasing awareness in Public Health Nurses' and HP&P departments on the validity of universal assessments of spiritual health in the well population. From there Public Health Nursing assessment and intervention practices specific to improving the health of populations and communities can be considered and created. Research into spiritual health practices that can potentially be incorporated into parenting groups or Postpartum depression groups or prenatal groups.

Journal Club: A Local Solution To Transforming Public Health Nursing Practice

Suzanne Bell, Lorraine Athwal, Heather Lokko, Yvonne Tymi,
 Sherry Coulson, Diane Bewick - Middlesex-London Health Unit
 London, ON

Project focus and purpose: The use of current best evidence in making decisions about the care of individuals, communities and populations is imperative to responsible Public Health practice. At the Middlesex-London Health Unit, the Community Health Nursing Specialist and the Librarian collaborated to develop a Journal Club format that would provide Public Health Nurses (PHN's) with a venue to answer practice based questions. This poster presentation will illustrate the process that was developed and utilized to support PHN's to engage in evidence based practice. It highlights evaluation results, and includes the lessons learned by a Public Health Nurse involved in using the Journal Club forum to explore best practices related to taking infant temperatures in the community setting.

Outcomes: Journal Clubs have offered an important forum for PHN's to provide leadership and advocacy related to best practice at the organizational, professional and client level within the London and Middlesex community. They have considerably increased participant's reported skill and comfort in utilizing research to inform their practice. Participants found themselves in the unique but inspiring position of being on-going 'practice champions' and 'change agents' within their agency.

Benefits for conference participants: The Journal Club process described in this presentation can be used by other nurses working in a variety of settings to increase engagement in evidence-based practice and provide opportunities to lead and advocate for practice change.

Nurse Supervision of Paraprofessional and Lay Home Visitors Providing Support to Families at Social Risk

Susan Jack - School of Nursing, McMaster University
Hamilton, ON

In Canada, most provincial and federally funded home visitation programs for women and children at social risk employ paraprofessional or lay home visitors. Community or public health nurses often assume the responsibility of supervising these home visitors.

Learning objectives: To 1) provide an overview of the challenges home visitors experience that necessitate the need for supervision; 2) define different types of supervision; 3) recommend a model for home visitor supervision and; 4) discuss nurse supervisors' professional development needs.

Methods: A comprehensive literature review was undertaken to explore models of home visitor supervision. A list of key terms was utilized to search nine databases, including CINAHL, Medline, ERIC and PsycINFO. The broad search yielded over 6000 results with 130 being chosen for inclusion in the integrative review.

Findings: Home visitors experience multiple challenges in home visiting practice that may include: practicing in isolated, rural communities, lack of knowledge in addressing complex issues such as intimate partner violence or client mental health issues, socialization to the professional work environment, establishment of appropriate therapeutic boundaries, and transference. Supervisors need the support and skills to provide both administrative and clinical supervision. Given that most infant-parent home visitation programs are focused on promoting positive relationships, regular opportunities for reflective supervision should be prioritized and integrated into home visitation programs. Reflective supervision allows home visitors to focus on their experiences, thoughts and feelings that are directly connected to their work with families. As a reflective supervisor, the nurse assists the home visitor in answering her own questions and provides support and knowledge to assist in decision-making.

Conclusion: To support the development of socially at-risk infants and their parents within relationship-based home visitation programs and to prevent home visitor burnout and attrition, it is recommended that nurse supervisors provide administrative supervision in conjunction with reflective supervision.

Community-Based Strategies for Colorectal Cancer Screening: Inspiring Hope

Joanne Crawford, Faye Parascandalo, Angela Frisina -
Public Health Services

Cindy Mutch - Juravinski Cancer Center

Joyce Sharkey - Brant County Health Unit

Sonya Muntwyler - Halton Region Health Department

Melanie Sequin - Niagara Region Public Health

Hamilton, ON

Colorectal cancer (CRC) is the fourth most common cancer diagnosed in Canada, and, the second most common cause of cancer death. Regular biennial screening using the fecal occult blood test (FOBT) is effective in reducing mortality in adults aged 50-74. CRC screening utilizing FOBT has been relatively low in Ontario and with the implementation of an organized screening program, ColonCancerCheck, it is essential to complement population-based dissemination with community-based strategies to increase CRC screening. Public health nurses in one community partnered with other health units within the region to engage in a community based strategy to promote CRC risk reduction, screening and ColonCancerCheck. A brief impact survey evaluated baseline awareness and post knowledge and intention. 23 community displays took place. We were successful in reaching 70% (N=790) of the age-eligible population for CRC screening. 50% of respondents had heard about ColonCancerCheck and 27% did not know about the program. 56% had a CRC screening test and of that, 41% had a FOBT. 70% felt that talking to a nurse was helpful. The greatest learning for respondents was the ability to prevent CRC through screening and age eligibility, and future intentions focused on risk reduction, seeking out family doctor advice and sharing CRC screening information with friends/family.

Crucial to the success of this community based strategy was the collaborative work of community health nurses. We were able to reach people where they lived, worked and played to promote CRC screening by communicating directly with individuals to complement broader population based dissemination strategies. We learned that people were very receptive, enthusiastic and preferred the one-on-one interaction to learn and that explication of how to complete the FOBT kit provided more meaningful direction that cleared up misunderstanding of information. Despite our broad outreach, greater efforts will be required to reach more diverse populations.

A Journey of Learning: Implementing a Pressure Ulcer Prevention BPG in Home Care

Cathy Walker, Michelle Currie - CarePartners
Belgrave, ON

The Registered Nurses Association of Ontario (RNAO) Best Practice Guideline, Risk Assessment and Prevention of Pressure Ulcers, is the first of 4 Best Practice Guidelines (BPGs) to be implemented by our agency as part of our RNAO Best Practice Spotlight Organization candidacy. Through this poster, attendees will learn

how a visiting nursing agency with multiple sites plans, executes and evaluates the implementation of a best practice guideline as well as what challenges lie along the way. As a result of the increasing number of clients with frail health being cared for in the community and because families are taking on more responsibility for the nursing care of clients, a program of risk assessment for skin breakdown for 100% of in-home clients was needed along with evidence-based interventions to prevent pressure ulcers. Using the RNAO Implementation of Clinical Practice Guidelines Toolkit and the Risk Assessment and Prevention of Pressure Ulcers BPG, our agency planned, implemented and evaluated this practice change.

Strategies to facilitate uptake by 500 nurses located throughout 6 CCACs included a website where CarePartners BPG champions shared their implementation experiences, use of a validated screening tool, interventions geared to the level of risk identified through screening, education of staff and ongoing support. Barriers to the change included competition from the many other clinical and business process changes concurrently in progress, challenges integrating care planning and interventions with other providers and the CCAC, difficulty gathering evaluation data, and ensuring that the change was sustainable.

Organizational learning about how to change clinical practice was a very important outcome. We now have a much greater understanding of how to effectively implement best practices within a community setting.

Strengthening Communication, Client Safety and Efficiency with Unregulated Care Provider Education

MaryJane Herlihey, Cheryl Reid-Haughian - ParaMed Home Health Ottawa, ON

In a constantly changing environment and with significant focus on task shifting to meet current and emerging health human resource shortages, the need to standardize education for the unregulated care provider (UCP's) is growing. Regulated care providers are in a position to build the capacity of UCP's, however their growing workload is becoming a barrier to ensuring consistency in practice. Since UCP's are not regulated, there are also legal and liability issues that surface and can pose barriers to moving forward with building synergistic teams whose focus should be on supporting clients and families in their outcome achievement. In 2008, the Pan-Canadian Working Group developed a discussion paper on "Valuing the Health Care Team: Working with Unregulated Care Providers" that speaks to many of these issues. Clearly, as an employer of UCP's, multi-level strategies to eliminate or reduce these potential barriers and ensure safe, quality, ethical care provision of care in a decentralized environment are essential. One multi-centred home health care organization made a decision to formally address, these barriers and challenges through the creation of an efficient, standardized and regulatory approach to the process of delegation and assignment.

This journey of creation included a review of current literature, research, as well as contract requirements, program development, a pilot and an evaluation, which lead to lessons learned and sustainability. This presentation will provide a program overview, share preliminary results and discuss lessons learned. All regulated health care professional working in the community will benefit by attending this session.

A Hat Is Where It's At!

Christine Johnston, Lori Hunter - Simcoe Muskoka District Health Unit
 Midland, ON

A Hat Is Where It's At! According to the Canadian Cancer society one in seven children born today will develop skin cancer in their lifetime. Public health nurses responded to the issue by developing an innovative program for campers and counselors in summer day camps where policy, education and environmental supports combine to protect people from the sun. The aim of A Hat Is Where It's At! is to educate and reinforce the current recommendations for sun safe practices including the development of a sun safe day camp environment and the implementation of policy. A public health nurses engaged key stakeholders by meeting with management staff of the day camps initially to complete a needs assessment and throughout the process to discuss the project and the importance of establishing a sun safe environment and implementing sun safe policies. Public health nurses provided an orientation train the trainer session for all day camp staff about sun safe practices. Day camp counselors then provided sun safe information to their campers followed by a hat decorating activity where day campers decorated a sun safe hat to wear and take home.

As part of the campaign a comprehensive educational Day Camp Manual including a Sun Safety Information Guide for Day Camps and a Sun Safety policy template were developed and provided to each day camp site. The program reached approximately 3500 day campers at ten local day camps throughout the county. Outdoor activities often took place under natural or developed shade structures. In some camps where policies did not exist, unofficial policies i.e. guidelines were developed, a first step towards policy development.

A program like *A Hat Is Where It's At!* raises awareness about the importance of sun safety. This project was awarded the Canadian Dermatology Association 2009 Public Education Award (not-for-profit category).

The Development and Transfer of Knowledge in Community Capacity Building

Yoshiko Sugie, Cathy Tersigni - Toronto Public Health
Toronto, ON

Purpose: 1) How Community Health Officers develop their knowledge and skills of community capacity building and 2) How their knowledge and skills are transferred to others.

Methods: Qualitative data were obtained through individual semi-structured interviews with 10 Community Health Officers as well as participatory observation of their activities and monthly team meetings. Data were analysed through a reflective review. Results: Community Health Officers engaged in partnership and collaboration with community members and other professionals to address complex systemic issues within communities. Their great passion for community capacity building was developed through previous experiential learning about health inequalities and the need for intersectoral collaboration. Their critical thinking and reflective practice further developed their political agency to initiate social change. Listening and relationship-building were identified as fundamental skills necessary for community capacity building. Challenges included bureaucracy in a government and difficulty in prioritization of their projects. Their wealth of knowledge seemed to exist independently. The importance of dissecting and sharing their experiences among the team was emphasized as an effective approach to professional development, mutual support and coordinated action for change.

Conclusion: The processes in which Community Health Officers have developed their knowledge are very rich in variety and depth. Their knowledge is being effectively exchanged with communities and can be synergistically integrated among the team to produce desired outcomes. Creating a learning team of Community Health Officers with Dale Lick's (2006) Learning-Team Design Process can be a solution for the possible synergy of their knowledge, which can then be transferred to other professionals such as community health nursing. They could take initiative in creating a learning community by using their knowledge and skills in community capacity building within their organization.

How Do Community Perceptions of Poverty Impact Equity-Based Public Health Planning and Policy Development?

Claire Warren, Stephanie Lefebvre - Sudbury & District Health Unit
Carol Kauppi - Laurentian University
Renée Chevrier - Lamoureaux, Sudbury & District Health Unit
Sudbury, ON

Objectives: A preliminary qualitative research study was undertaken to better understand the broader community's perceptions of and attributions for poverty based on evidence, so that nurses may be better informed in order to be successful in planning equity-based programs and services as well as pursue poverty-related policy initiatives. The literature clearly demonstrates a link between health

and wealth. The new Ontario Public Health Standards (2008) acknowledge the importance of the determinants of health and the role of public health in tackling these issues with a focus on priority populations.

Methods: Through a public health unit/university partnership, a mixed methods pilot study was undertaken using semi-structured interview and questionnaire to uncover the broadest possible range of views and support for equity-based policy options. Representatives from six community sectors (arts/culture; business; health; political; education; community/social services) were interviewed (n=31). Interviews were transcribed verbatim and data is currently being analyzed to identify common themes.

Results: Thirty-one interviews were completed. Participants demographics were as follows: most interviewees were in the 36-55 year age group (71.9%), and 53% were female; 75% of respondents were long term Sudbury residents (>20 years); and 56% had a household income of >\$80,000. Preliminary qualitative findings yielded strong support for policies, programs and services in principle, but there appear to be differences in how these initiatives should be paid for. Qualitative content analysis is underway.

Conclusions: Awareness of local perceptions and values related to poverty informs planning and shapes the type of activities required to build support at the local level for equity-based policy initiatives. Final results, lessons learned, implications for nursing practice, and future plans will be shared with participants.

Supporting Children to be Ready for School: An Environmental Scan

Claire Betker - National Collaborating Centre for Determinants of Health
Antigonish, NS

Issue and Focus: Public health practitioners identified school readiness as an issue requiring attention in Canada. They indicated that there was a need for universal assessment of children and for national standard assessment tools, such as the Early Development Instrument (EDI) to assist in developing agreement on the definition of school readiness among health, education and social services.

Findings and Conclusions: National and international scientific and organizational sources were reviewed using an ecological lens. Definitions, determinants, indicators and interventions associated with school readiness were identified. The environmental scan illuminated and categorized the many definitions of school readiness, determinants influencing school readiness, indicators used to measure readiness for learning, and interventions and promising practices to promote school readiness. - Early childhood is a "prime" time for positively influencing a child's physical, social-emotional and mental health and development. - Families have the greatest influence on a child's school readiness. Caring, secure and stimulating environments have the power to influence

neurological development of the brain; with important and lasting implications for children's capacity to learn. - Living in poverty is one of the greatest predictors of poor school readiness.

Relevance to Public Health Nursing: Findings suggest that programs and policies that support access to health screening and intervention, early care and education, family education and support as well as the development of safe and healthy communities will yield the most significant gains in promoting school readiness'.

Key Learning Outcomes: Nineteen effective public health interventions were identified by the environmental scan of school readiness for health, including definitions, determinants, indicators and interventions.

Successful Integration Into School: Supporting Children With Type1 Diabetes With Continuous Subcutaneous Insulin Infusions

Colleen Turner, Glen Chenard, Helene Lacroix -
Saint Elizabeth Health Care
Barrie, ON

Issue/Project Purpose: An estimated 6,500 children in Ontario have been diagnosed with Type 1 diabetes. Intensive diabetes management can delay long term complications. Emerging research suggests using Continuous Subcutaneous Insulin Infusion (CSII) therapy could assist with achieving optimum glycemic control in children. Multiple considerations influence initiating CSII in the pediatric populations; including planning for successful integration into the school system. An RNAO Fellowship was undertaken to understand challenges for families of children with Type 1 diabetes using CSII within the school system.

Findings: Using multiple data collection strategies; participation in local Diabetes Education Center clinics and interviews, the RNAO Fellow gained insight into factors influencing diabetes management in children. Family interviews were used to gain insight into the parental experience of 'sending' their technology-dependent children to school. Fear emerged as a common theme; ranging from physiological fears of "accidental boluses", to fears regarding acceptance (will) "my child will be centered out because he is wearing a device", to operational fears "what if the nurse doesn't show up?" As the fellowship spanned institutional and community health sectors, insight was gained into how approaches in one sector influence the other.

Relevance to Other Settings: The outcomes of this work have included the creation of an organizational infrastructure that has successfully enabled our ability to effectively care for school children using CSII. On fellowship completion, findings were utilized to inform an intersectoral partnership that contributed to the development and revision of resources now used in multiple practice settings throughout the region.

Learning Outcomes: Participants will learn about the RNAO fellowship project; how this unique approach was used to quickly gain wisdom about this client population; how findings informed creation and revision of P&P, communication and documentation resources, tools and order sets enabling evidence informed family-centred nursing care for school children using CSII.

Mental Health and Well-Being of Women of Low Socioeconomic Status Who Have Participated in the Woman Alive! Program: An Exploration of their Experiences

Angela Frisina, Ann Stanziani, Priya Verma,
Joanne Crawford - Hamilton Public Health Services
Hamilton, ON

Background: The Woman Alive! Program (WA!) engages partnerships to provide healthy lifestyle education and reduced barriers to physical activity for women of low income. Women living in poverty often face numerous barriers to participation in physical activity and are at higher risk for chronic conditions, including mental health issues. Studies support the role of physical activity in reducing the risk of chronic diseases and, being physically active has demonstrated positive effects on factors such as mood, psychological stress, and self-esteem.

Purpose: To explore experiences, related to mental health and well-being of women of low socio-economic status and those from culturally diverse communities who attended the Woman Alive! Program.

Methods: A qualitative methodology was used to obtain an in-depth understanding of the experiences of female participants. Six focus groups and three individual interviews were conducted with 41 women, utilizing cultural interpreters when required. A member-checking session was conducted with participants, to validate study findings and to ensure that participant experiences were accurately reflected.

Findings: Several key themes emerged. One of the main categories related to the benefits of participation in WA! and its positive effect on mental health factors, such as improved overall well-being, confidence and self-efficacy. A major facilitator for engaging women in WA! was a supportive environment that reduced barriers to physical activity and accommodated for cultural differences and the competing life demands of participants.

Conclusions and Implications for Community Health Nursing: Participants of the Woman Alive! Program described significant improvement in mental health including increased feelings of self-efficacy, improved mood and confidence. The study results have inspired Public Health Nurses to further address barriers by advocating for changes in physical activity and mental health programming for women of low socioeconomic status.

Summer Fun Bar Blitz: Effective Risk Reduction for Patrons Meeting Partners in Bars

Ann Marie Sirko, Nicole Ritz - City of Hamilton:
Public Health Services
Hamilton, ON

Many who are out socializing are also known to consume alcohol and drugs thus decreasing their level of conscientious decision-making abilities. As sexual activity is often unplanned, there is a need to increase access to condoms in social environments where people meet their sexual partners. The provision of free condoms at venues where people gather to socialize and seek out new relationships, such as bars is a simple, yet effective intervention to prevent sexually transmitted infections (STI) and HIV transmission. This campaign provided an innovative and educational opportunity in partnership with local bars to reach bar patrons whereby free "Summer Fun" condom covers and condoms were available. These discreet artistically designed condom covers provide individuals with risk reduction messages and contact information for additional sexual health counseling information. The provision of free condoms at local bars is a simple, yet effective intervention to communicate STI and HIV prevention messages. The feedback received from bar owners and managers has been overwhelmingly positive with requests for sustainable partnerships for ongoing access and distribution of free condoms in their respective bars.

Key objectives for this presentation include: 1. To share the process used to plan, implement and evaluate the social marketing campaign. 2. To discuss the challenges encountered and share the key findings from the campaign. 3. To provide others with some innovative ideas on how to implement similar outreach initiatives in their respective communities. The outcome of this initiative can be attributed to many factors. The objectives for this presentation is to share the process used to plan, implement and evaluate the Summer Fun Bar Blitz campaign; to discuss the challenges encountered and share key findings; and finally to provide other community-based organizations with some innovative ideas on how to implement similar outreach initiatives in their respective communities.

Engaging With Persons Who Are Homeless in the Suburbs

Isolde Daiski, Gail Mitchell - York University School of Nursing
Nancy Halifax, Julia Gruson-Wood - York University,
Critical Disability Studies
Gaetz Stephen - York University, Faculty of Education
Leslie Morris - Community Resource Connections of Toronto
Andre Lyn - Project Coordinator Social Planning Council Peel
Toronto, ON

Issues: Homelessness and marginalized housing usually associated with downtown areas of large cities, are increasingly also found in suburban neighbourhoods.

Project Purpose: The purpose of this project was to learn about and

educate healthcare professionals and the public regarding the lived experience of being homeless or marginally housed in one suburban neighbourhood close to Toronto.

Methodology: In collaboration with a local Poverty Action Group academic researchers engaged and conducted semi-structured interviews with 15 persons who frequented local drop-in centres. Audio- and video-tapes captured the persons' stories about being homeless / marginally housed and a thematic analysis was carried out.

Findings: Findings show persons' resilience in face of hardships, describing community inclusion / exclusion with support / obstruction from other community members, while struggling to overcome incredible barriers to avoiding / escaping homelessness.

Conclusions / solutions: Services should be coordinated, located closer together and be based in client-centred case management. The main issue is a lack of affordable housing. Shelters are unsuitable for reintegration into society. Oversight is needed of basement apartments and illegal rooming houses described as overpriced and unsafe. More addiction treatment centres are essential to be accessible when persons are ready. How is it actionable? Community Health Nurses should collaboratively engage with clients living in poverty and other service providers to prevent and facilitate escape from homelessness, particularly in light of the damaging impacts of homelessness on overall health. As clients best know their needs, strengths and vulnerabilities, they should be leaders in the process. Successful advocacy for affordable housing and / or adequate incomes is seen as the most important strategy for promoting health.

Key learning outcomes: Knowledge of: Innovative strategies of engagement and public education What is suburban homelessness? Common barriers to avoid / escape homelessness. Some effective strategies to overcome these barriers.

Inquiry and Blended Learning Approached in the Redesign of Community Health Practice & Theory Courses: Evaluation Results

Sylvia Loewen - University of Calgary
Calgary, AB

The goal of this project is to create a meaningful learning experience in Faculty of Nursing, Community Health Theory and Practice courses through incorporation of innovative, inquiry and blended approaches that included utilization of technology. The focus of the presentation will be how we strengthened the foundational base of community health theory and then integrated the concepts into community health practice. These strategies were designed to positively impact the perceived relevance and of the practicum by students. The redesign evaluation will provide valuable information to assist other faculties interested in increasing student interest and engagement in Community Health. The presentation

will include innovative and impactful learning experiences that enhanced student engagement, satisfaction and retention.

The presentation will present the evaluative results of the implementation and evaluation of the course redesign objectives: 1) Use of inquiry and blended learning approaches in the development of workshop modules for Community Health Practice and in the redesign of Community Health Theory. 2) Development of an educational and instructional model for bridging theory and practice courses within the Faculty of Nursing, and 3) Development of teaching and learning capacity in the Faculty of Nursing through the creation and initiation of a repository of teaching and learning resources for faculty and sessional instructors.

Sibling/Sibling-in-law Relationships in Home-Based Dementia Care: A Critical Analysis

Oona St-Amant, Dr. Catherine Ward-Griffin,
Dr. Dorothy Forbes - University of Western Ontario
London, ON

Background: The pending demographic influx of older adults coupled with a shift in provincial homecare policy towards aging at home has called for scrutiny of the homecare structure. Currently, paid homecare services are largely delivered on a supplementary basis with a heavy reliance on unpaid family caregiving. It has been estimated that family members provide between 75-90% of all dementia care. While the care that families provide is often deemed as “informal”, caregiving for someone living with dementia requires a considerable amount of complex care. Adult children are often called-upon to provide care for their parents/parents-in-law living with dementia, thus shaping their sibling/sibling-in-law relationships and their health experiences.

Methods: Based on a larger critical ethnographic study, the purpose of this qualitative secondary analysis was to examine the relationships of siblings/ siblings-in-law in the negotiation of home-based dementia care. Sources of data included 20 multiple semi-structured interviews transcripts and fieldnotes from 15 siblings and three siblings-in-law. The sample included four men and 14 women, 12 of whom lived in the same city as their parents/parents-in-law.

Findings: For many siblings/siblings-in-law in this study, the provision of care was equated to an inventory of tasks that enabled siblings to measure each other's contribution. This measurement influenced what sibling/sibling-in-law expected of one another. In some cases, over-emphasis on the completion of tasks rendered some sibling's/siblings-in-law contributions invisible which resulted in conflict and/or resentment.

Implications: These findings have direct implications for homecare nursing practice, policy and future research. It is important to be aware of family dynamics in care-giving, particularly as it relates to dementia care where the demands for care increase in intensity. Early on in the consultative process, nurses have the opportunity to

reinforce the unique nature of family-centered care beyond the assignment and delivery of tasks.

What You Don't Know CAN Hurt You: Improving Reporting of Medication Events

Colleen Kearney, Sandra M. Tedesco - VHA Home HealthCare
Toronto, ON

A reported 19% of 19,000 Canadian hospital nurses acknowledged making errors when administering medication (Statistics Canada, 2008). The common types of medication errors and reasons nurses fail to report medication errors are well documented for hospital nurses but little information is known about nurses who work in home health care. Given that Sears (2008) found a much higher adverse event rate (13.2%) in the community than the 7.5% found for Canadian hospitals (Baker & Norton, 2004), it may be that medication error rates in community settings are higher than believed. Prompt reporting of medication errors and ‘near misses’ is essential to mitigate adverse consequences for clients and reduce future errors. A culture shift from blaming individuals to looking for system and process deficiencies is being implemented to improve patient safety organization-wide. The improvement initiative includes a newly developed database (MED-track) where all medication events and results from root cause analyses are documented. MED-track allows for trending and facilitates identification of systemic issues and resolutions. A key element is the communication that takes place with nursing teams. The event is anonymously discussed and specific solutions are brainstormed. An example of a recent medication event will be used to help demonstrate this approach. A Patient Safety Culture survey conducted across the organization in early 2009 provides baseline data on nurses' attitudes, beliefs and practice regarding reporting safety issues (including medication errors). Another survey is being conducted to assess changes in attitudes and reporting practices six months after the improvement initiative was implemented. This presentation illustrates enabling evidence-informed practice.

Participants will learn about: 1. A strategy to increase accurate reporting of medication and ‘near miss’ events 2. The use of root cause analysis and process improvement methods to reduce risk of future medication events at a community nursing agency.

One Student's Story of Learning in a Community Setting

Sumintra Bromley - Saint Elizabeth Health Care
Arvin Alcade - Ryerson, Centennial, George Brown
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Debbie Cameron - Collaborative Nursing Degree
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The focus of this presentation is to explicate the valuable role of the

triad model between student, preceptor and faculty advisor, share one student's story of learning in a community setting and inspire other educators to promote excellence in nursing student education. The triad model is used to enhance student learning to become a reflective practitioner, who is capable of creative and critical thought, sound problem solving and ethical decision-making by building on areas of expertise. The faculty advisor brought an educational focus with a strong reflective component. The preceptor helped the student learn and experience the community nursing role. The student, Arvin states "I learnt visiting nurses assess the needs and resources needed to promote their patient's optimal well being and functioning. Moreover while doing home visits I have learned that a collaborative partnership between the client and the nurse is essential to identify the patient's desired health goals, as well as developing and implementing a plan of care." Together the faculty advisor and preceptor helped create a supportive environment for the student to learn and apply theory such as the Canadian Community Health Nursing Standards to care. Arvin states "With my preceptor and faculty advisor's support and trust, I was able to overcome the challenges and the anxiety that I had been experiencing when I first began my placement in the community." He also states "by mutually working with my preceptor and faculty advisor, I was able to assess the community gaps using a multi-focal approach and develop a program in partnership with the community on diabetes awareness and management." Overall the triad model achieved great success by assisting in the student's development of new knowledge, skills and confidence in the community setting!

Key Learning Outcomes: Identify strategies to assist students in valuing their exposure to community based nursing practice.

Competence and Computers: A Knowledge Exchange Site That Enables Delivery of a Competency Based Wound Orientation

John Stathakos, Glen Chenard - Saint Elizabeth Health Care Markham, Ontario

Theme: Engage and Enable Focus: To share the concepts of a competency based wound education that leverages technology in the delivery and assessment of knowledge uptake of nurses of varying abilities.

Description: This presentation will highlight how one community care agency has developed and implemented a competency based education for nurses who deliver wound care. A wound learning needs survey of newly hired community nurses in 2008 revealed that most nurses, regardless of professional title and length of experience, felt they had a lack of knowledge with regards to chronic wound management. This work spurred the development of a competency based wound orientation program for nurses of all backgrounds and experience levels. The program incorporates an electronic prior learning assessment that reveals key knowledge deficits and links to the web-based educational site. Knowledge deficits can be addressed using a variety of self-paced learning

strategies including play-on-demand webcasts recorded by subject matter experts, drop and drag exercised amongst others. Clinical Resource nurses have the ability to monitor test results and employee time spent on the educational website. A companion 'skills checklist' accompanies the nurse on precept visits to ensure that he/she blends knowledge with the requisite skills that ensure that Best Practice wound care is being delivered in over 2 million wound-related community visits per year.

Key Learning Objectives: • Describe a competency-based wound education program used for new hires and performance reviews • Highlight the technology that is leveraged in the delivery of the wound care program • Provide insight as to how such an application might be useful and relevant for nurses who develop education in all settings.

Community Health Nursing in Rural Africa: An Innovative and Comprehensive Student Placement

Sherry Poirier, Deana Johnston - Algonquin College Ottawa, ON

The association of Canadian Schools of Nursing (CASN) appointed a taskforce in 2004 to complete an environmental scan of community health nursing undergraduate education throughout Canada. Enablers and challenges to education were identified, and strategies to overcome these challenges were suggested (Valaitis et al., 2008) As a result of the findings, The Public Health Education Sub-committee of CASN developed guidelines to ensure that all undergraduate baccalaureate students receive the foundational knowledge required to meet the Canadian Community Health Nursing Standards. While the Guidelines for Quality Community Health Nursing Clinical Placements (2009) provide an important structure for 'required' and 'preferred' learning opportunities, the reality remains that nursing student enrolment is high and the availability of clinical placements is limited. It is critical for academic institutes to investigate and secure innovative community placements to overcome this obstacle.

The project that is presented provides a practical example of one such innovative learning opportunity. In July-August 2009, three nursing students and one professor travelled to Tanzania. In the small village of Kambi Ya Simba, the nursing team worked with 32 young women at Awet Secondary School. Using the CHN process as a framework, the team completed a needs assessment, designed and subsequently implemented a health education and empowerment program for the young women. The team also worked with a local community health nurse and a non-governmental organization (Canadian Physicians for Aids and Relief) in order to gain a greater understanding of the determinants of health, local issues that impact the community and practical experience in multiple community health nursing skills. The community, the nursing students and the academic institution all benefited from this innovative pilot project. This presentation will provide highlights of the student community health nursing project in context of the Guidelines for Quality Community Health Nursing Placements.

Creating Order from Chaos: Scheduling Pandemic Mass Immunization Clinics or Pandemic Mass Immunization Clinics Made Easy

Jill Fediurek - Brant County Health Unit
Brantford, ON

The recent H1N1 influenza Pandemic created significant workload demands on healthcare, particularly related to the delivery of H1N1 mass immunization clinics. There are unique challenges associated with immunizing large populations over a short period of time in settings mostly outside of the normal healthcare setting. Organizing and implementing mass immunization clinics is a daunting task but through an innovative approach utilizing technology this objective was achieved through an efficient and effective service delivery model. At our public health unit, we have offered our community immunization clinics for the universal influenza immunization program (UIIP) utilizing an appointment process for two years. A web-based system was developed in 2007 which allowed clients to select their own flu appointment time. In addition to the on-line self serve option, clients without internet access could call in to book their appointment. The positive client feedback after implementing this system encouraged us to refine and simplify the process. This concept was put to the test for our recent H1N1 mass immunization clinics with tremendous success.

There were multiple benefits of this method which included identifying appropriate human healthcare resources required for staffing the clinics, needed inventory for clinical and administrative supplies and biohazardous and environmental waste requirements generated by clinic activity. In addition, the specific priority groups were scheduled to receive their vaccine according to the sequencing outlined by the Ministry of Health and Long Term Care. When clients presented for their appointment, long line ups were avoided and the process from registration to leaving the clinic after their vaccine was an average of 30 minutes or less. This approach to offering mass H1N1 influenza immunization clinics to our community enabled us to balance our human resource and supply requirements with community demand and deliver fiscally responsible and effective immunization service delivery with high client satisfaction.

Constructing Global Health Knowledge: Educating Community Health Nursing Students

Joanne Louis, Pam Walker - University of Toronto
Toronto, ON

Globalization and its impact on health are becoming important issues within nursing practice. While this is an exciting area, the traditional view of international health needs to be broadened and replaced with concepts of global health. This presentation highlights strategies to inspire undergraduate students to expand their understanding of community health within our global village. Although undergraduate nursing students are keen to consider issues of development, public and international health; such

conceptualizations need to be challenged. The idea of global health represents a conceptual shift in the geographical focus, access to healthcare and range of nursing practice within and outside Canadian borders. Addressing issues of global health is a necessary consideration in the education of undergraduate nursing students. For community health nursing students, primary health care provides a relevant theoretical framework for these discussions. Yet, care must be applied in the choice of clinical practice examples. Techniques such as comparing and contrasting similar global issues, critically appraising dominant ideologies and promoting social justice are used to engage student learners.

In order to equitably demonstrate global health successes and failures; knowledge is constructed as student learners are challenged to reflect on the future role in the creation of global health.

Cultural Competence of Home Health Nurses

Sarah Burns-Gibson
Waterloo, ON

As the diversity of the client population continues to increase within Ontario and Canada nurses must be able to provide the most appropriate care to their clients. This presentation will provide the results of a study conducted to look at the level of cultural competence of home health nurses. A descriptive quantitative study was conducted to investigate the cultural competence level of home health nurses within Ontario. The Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals (IAPCC-R) tool was used in this study. A quota sample of 100 home health nurses was selected for the study. Data was analyzed using descriptive statistics. The process of content analysis was used to interpret the nurses' response to the questions. It is hoped that this study will provide further information on providing culturally competent care to clients in the community and add to the body of research in community nursing and cultural care.

The learning outcomes for this presentation will be to identify a conceptual model for providing culturally competent care, to examine a tool for assessing cultural competence of healthcare providers, and to disseminate study findings. This presentation hopes to inspire community nurses to examine the concept of cultural competence and look at how the journey of cultural competence can be incorporated into practice.

Youth Engagement Policies and Practices: Translating Knowledge Into Practice

May Tao, Nina Coutts - Toronto Public Health
Toronto, ON


Issue: Toronto Public Health (TPH) was selected by the Registered Nurses' Association of Ontario as a "Best Practice Spotlight Organization" Candidate for enhancing healthy adolescent

development, qualifying TPH to receive funding to enhance youth engagement strategies. Currently there are no consistent and coordinated youth engagement policies and practices that guide TPH work with adolescents and address staff training and support.

Purpose: To present the process of developing an implementation plan to address staff training and support, organizational readiness and organizational practices and policies relative to youth engagement.


Key Results: A staff assessment, an internal and external environmental scan was completed and six youth engagement frameworks were identified and analyzed using evidence-based criteria. Key youth engagement principles were identified and an implementation plan was developed to enhance the capacity of staff to implement evidence based youth engagement initiatives and to involve youth in the development of a youth engagement plan for the organization.

The learning outcomes of this project include sharing the key learning obtained during the process of establishing a staff training plan and youth engagement plan and identifying how to apply best practice in an organization.



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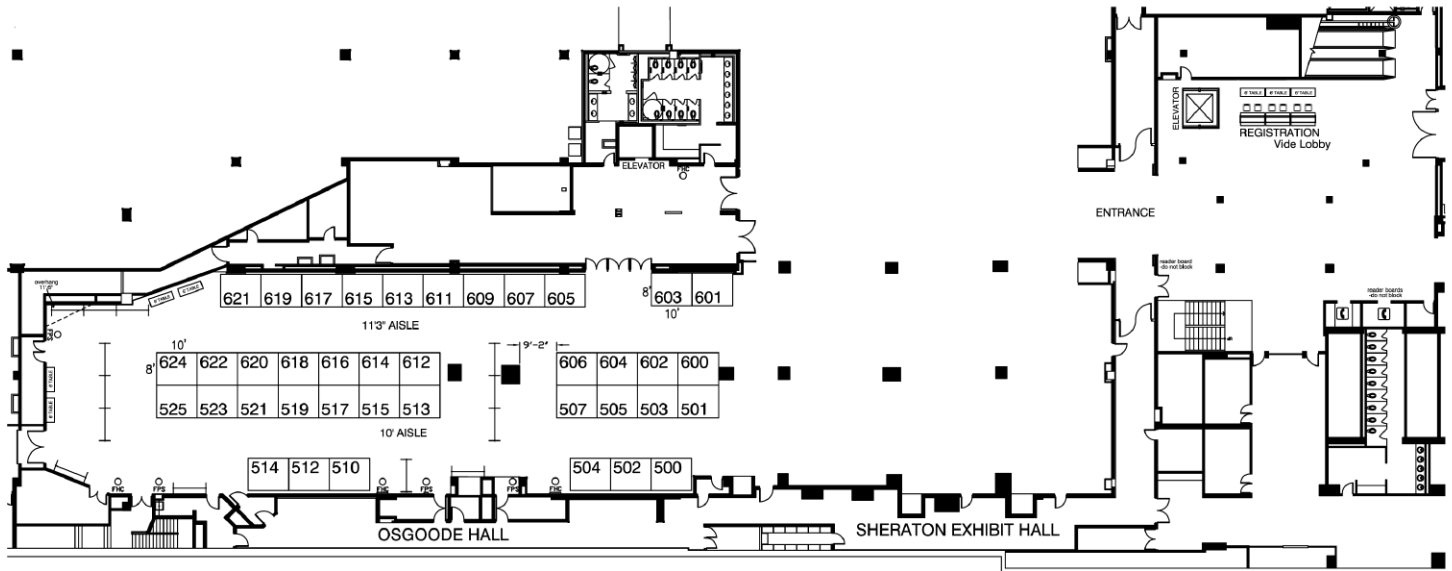
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