

PRELIMINARY PROGRAM



COMMUNITY
HEALTH NURSES
OF CANADA



INFIRMIÈRES ET INFIRMIERS
EN SANTÉ COMMUNAUTAIRE
DU CANADA

11th National Community Health Nurses of Canada Conference

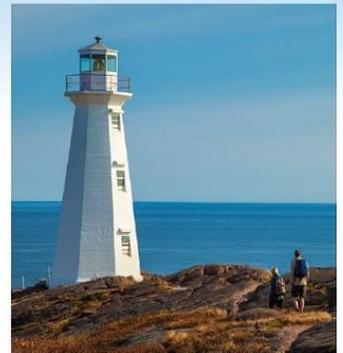
May 30 – June 1, 2016
St. John's, NL

BLUEPRINT FOR ACTION

Making Connections

May 30 - June 1, 2016

11th National
CHNC Conference
St. John's, NL



Photos: Aerial View of Downtown St. John's, Music on George St., Painted Houses, Cape Spear Lighthouse National Historic Site ~ Newfoundland & Labrador Tourism

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GENERAL INFORMATION

Conference Overview

This conference provides a forum to bring together nurses interested in Community Health Nursing from practice, research, administration, policy and education domains; to explore issues of mutual concern, exchange knowledge, share evidence and ideas and generate solutions.

Our goal is to advance community health nursing in Canada. Participants can take part in diverse conference activities including inspirational plenary sessions, optional pre-conference workshops and a wide range of informative breakout session options including: Hour-long interactive workshops, Networking Cafés, Oral presentations (25 minutes each) and 16 Short Presentations (13 minutes each), comprising an estimated 120 speakers on topics relevant to the full scope of practice for public health, home health and community health nurses across Canada. In addition, there will be opportunities for networking and digesting session content with 30 minute refreshment breaks and lunches provided Tuesday and Wednesday.

Learning Priorities

The conference was created as a means for members to:

- Acquire tools, products and processes to advance practice
- Generate research questions, connections and opportunities
- Strengthen Community Health Nursing (CHN) visibility and identity
- Discover innovative leadership strategies

The **Blueprint for Action in Community Health Nursing** (2011) outlines a national framework and action plan for the current and future development of community health nursing in Canada. The Blueprint's six priority action areas provide a framework for the conference program and learning activities around:

1. Workforce Development
2. Scope of Practice and Role Clarity
3. CHN Leadership and Voice
4. Interprofessional & Intersectoral Partnerships
5. Health System Transformation
6. Community Health Nursing Education

How the Breakout Sessions Work

A variety of breakout session options allow you to customize your education path, to suit your individual learning style. Session times range from Short 13 minutes to 25 minute oral presentations, full hour long workshops or Networking Cafés.

Each breakout time-slot is one hour. Where multiple sessions are being presented in the same room, presentations are grouped together so that you may be interested in attending all, but this is your learning journey. Feel free to switch rooms!

You will be able to create your custom schedule using our Mobile Program Guide. A link will be sent to all registered participants about 3 weeks before the conference.



Accreditation

In 2015 the CHNC Conference was accredited for Continuing Nursing education hours, by the Office for Continuing Nursing Professional Education (CNPE), Ingram School of Nursing, McGill University. The Office for CNPE is endorsed by the Office for Continuing Professional Development (CPD), Faculty of Medicine, McGill University. An application is pending for 2016 and participants will have an opportunity to request a certificate at the time of registration.

Registration

You can register for the conference online now at [this link](#).

Save with Early Bird Discounts when you register by April 15th, 2016!

	Early Bird Fee <i>(Register by April 15th)</i>	Regular Fee
Full Conference		
Members*	\$499.00	\$529.00
Non-members	\$570.00	\$599.00
Students**	\$249.00	\$249.00
Single Day Registration		
Members*	\$295.00	\$295.00
Non-members	\$325.00	\$325.00
Students**	\$145.00	\$145.00

Please note that all fees are subject to 13% HST (8072 6686 RT0001)

* Not a member yet? [Click here](#) to find out more and save today.

** Full time nursing students: proof of student status will be requested at the time of registration

Full Conference Registration fees include:

- All session materials
- Monday Welcome Reception
- Continental breakfast Tuesday and Wednesday
- Refreshment breaks
- Lunch on Tuesday and Wednesday
- Admission to Exhibits

Registration fees are for the sessions on May 31 & June 1. Pre-conference workshops will take place on May 30th and may be an additional fee.

Daily Registration fees include sessions and meals for the date purchased only and do not include evening functions.

Cancellation Policy

Registration substitutions will be accepted up to arrival at the conference.

Cancellations will only be accepted in writing and must be sent to chnc@absolutevents.com or CHNC c/o Absolute Conferences & Events Inc 6 Lansing Square, Suite 214, Toronto, ON M2J 1T5. A \$50 CDN cancellation fee will apply if postmarked by May 2nd, 2015. Refunds will be issued after the conference. No request for refunds will be accepted after May 2nd, 2016.

Location

The conference will be held at the Delta Hotel St. John's and the all new St. John's Convention Centre, located in the heart of downtown St. John's, a short walk from the best cultural attractions, restaurants, shopping destinations and much, much more.

Accommodations

A block of rooms have been reserved at The Delta Hotel St. John's at a preferred rate of \$229.00 (Canadian) plus applicable taxes, single or double occupancy.

[Click Here](#) to reserve your room online or call the reservation line at 1-888-890-3222 and let them know you will be attending the Community Health Nurses of Canada Conference.

Experience Local Hospitality

In Canada, the sun rises first on Newfoundland and Labrador; it has its own time zone, and is the youngest province in Canada, but home to the oldest street in North America! A city rich in culture where traditions are honoured yet eclectic sophistication is embraced. When in St. John's, you hear your fair share of tall tales and yarns, and that's not all. As you walk through the winding alleyways of our vibrant downtown, you'll encounter



fashionistas, chefs, musicians, and more, all elements of a colourful tapestry of experiences unfolding before your eyes.

Thirsting for adventure? It's easily quenched by skirting the dramatic coastline on foot, or enjoying a day on a boat on the bay having close encounters with humpback whales, puffins, or icebergs (and maybe all three!). Beautiful vistas, unique culinary pleasures, and unique architecture are just tiny slices of an urban experience that will feel like no other. But it's the colourful characters who are most memorable, in a place where strangers quickly become friends, and the local vernacular has you smiling and scratching your head all at once.

Performances abound: sing along. Toe tapping is welcome.

While you are in St. John's, take advantage of the opportunity to explore the city and the province, if you have time! Your local hospitality committee will be on hand to help you discover all the city has to offer. They have put together some great options for you to explore – try a morning walk or run or an evening at a quaint dinner theatre. Local shops will welcome you, many with special offers. Planning your visit in advance?

[Click Here](#) to visit the Destination St. John's website. *(Tip: request a visitors guide)*
[Click Here](#) to visit the Newfoundland and Labrador website.

Arriving Early? Join us for an Award Winning O'Brien's Boat Tour!

Sunday, May 29th, 2:00pm – 4:00pm

Special sailing for CHNC participants

Sail from Bay Bulls to the Witless Bay Ecological Reserve, home to largest Atlantic Puffin colony in North America along with millions of other seabirds. A true birders paradise! Feel the chill as you pass by 10,000 year old icebergs. Sit back, relax and enjoy the view of Newfoundland's rugged coastline and sea stacks. Voted best boat tour by Newfoundlanders!



Ride in comfort aboard a new custom built vessel, equipped with a fully enclosed, heated cabin with panoramic viewing, restrooms and canteen. Ample rail space on the upper and lower decks provide picture perfect views for everyone.

Note: Shuttle service is available, directly from the Delta Hotel St. John's, with pickup 1 hour before the scheduled tour time.

CHNC Participants receive a 20% discount off of the adult rate, with the CHNC promotion code. This promotion is valid on all tours from May 27 -June 5, 2016, and a special tour has been added for us on May 29th! *Payment is due on the day of the tour; note price adjustment for the shuttle service will be made when you arrive on site to pay.*

To book: reservations can be made online at www.obriensboattours.com or by calling 709-753-4850. use promotion code: **nurses-conf-16** at time of booking.



PROGRAM DETAILS

Monday May 30

Time	Event
8:00am – 4:30pm	Registration/Information Desk Open
9:00am – 4:30pm	Pre-Conference Workshops <i>Extra Fee: \$70^{+HST}, unless otherwise noted.</i> <i>Full and half day pre-conference workshops require a separate ticket when registering.</i>
9:00am – 4:30pm (Full Day)	PC1: Building Leadership Competencies <i>Fee: 70 ^{+HST}</i> <i>Presented by: Community Health Nursing Leadership Institute and Committee of Standards & Competencies Standing Committee, Community Health Nurses of Canada</i>

Are you a public health nurse delivering public health services? A public health nurse manager or director? An educator? A consultant? This workshop will be of interest to you. Leadership plays a pivotal role in the lives of all public health nurses. It is an essential element for quality professional practice and practice environments. Public health nurses use leadership competencies to build capacity in organizations, and communities, as well as advocate for individuals. Changing practice environments facilitates the opportunity for public health nurses at all levels to acquire leadership skills and influence positive change within the work and mandate of their organization.

In the morning workshop, members from the Community Health Nursing Leadership Institute committee will introduce the purpose of the Institute in advancing leadership in public health nursing which is one of the Blueprint for Action plans. The development and application of the new public health leadership competency statements will be discussed. Participants will reflect on questions like: How do you define leadership? What has been a high point in a leadership experience when you felt successful? What did you value most about your leadership experience? What is unique about public health nursing leadership? How are the leadership competencies apparent in your work environments? What can be done to strengthen your leadership? What does Canada need to support leadership development in public health nursing?

For the afternoon workshop the members of the CHN Leadership Institute will consult with you on your leadership development needs, and how the Community Health Nursing Leadership Institute could advance the adoption of the leadership competencies in public health nursing.

Join us to explore these questions and together we can find some answers!

Learning Objectives:

- Become aware of the public health leadership competencies and the development of the competency statements.
- Critically reflect on your personal leadership.
- Identify opportunities to enhance your leadership competencies.
- Identify leadership development needs.
- Learn about the purpose and development of the CHN Leadership Institute.

9:00am – Noon	PC2: Dynamic Continuing Education for the 21st Century: Skills Online No Cost* *Note this workshop is offered at No Charge thanks to the generous support of Public Health Agency of Canada, Pre-registration is required <i>Presented by: Public Health Agency of Canada</i>
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This interactive workshop will provide front line practitioners, managers and academics with an overview of Skills Enhancement for Public Health: *Skills Online*, an innovative web-based, continuing education opportunity.

Time	Event
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Interactive features of the program will be highlighted using a guided, hands-on demonstration of a module, allowing participants to experience what it is like to learn within an online environment. Integration of the program with the Canadian Community Health Nursing Standards of Practice and the Core Competencies for Public Health in Canada: Release 1.0 will be discussed, as well as benefits of the program including how *Skills Online* has helped nurses prepare for the Community Health Nursing certification exam. Participants will have the opportunity to work with nursing colleagues from across the country.

NB: Participants must provide their own laptop or tablet for this workshop (Computers will not be available on site).

Learning Objectives:

- Become familiar with the key features of *Skills Online*.
- Discuss the potential benefits of the program.
- Identify strategies that contribute to successful completion of *Skills Online* modules.

9:00am –Noon	PC3: Looking In , Acting Out: The Benefits of Reflective Practice In Palliative Care Cost \$70+ HST <i>Presented by: Peter Barnes, Rev.Dr., Canadian Counselling and Psychotherapy Association & Valerie Brett-Westcott, BNRN, Palliative End of Life Program, Rural Avalon and Peninsulas, Eastern Health</i>
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From birth to death the caring work of a nurse requires an extensive body of knowledge. This knowledge is acquired through many ways, much of it formal, theoretical learning. The clinician must always seek to expand this knowledge in conjunction with their experience throughout their career. As indicated in the CHNC document “A Blueprint For Action For Community Health Nursing in Canada,” the “community health nurses embrace multiple ways of knowing,” implying the heart and human spirit as well as the mind.

Reflective practice is viewed as a very important, if not essential aspect of this learning continuum. Donald Schon (1983) in his work on reflective practice suggests “the capacity to reflect on action so as to engage in a process of continuous learning was one of the defining characteristics of professional practice.” Reflection on action, the most common form is a looking back on actions taken; what was done, what could be done differently, what does this mean for myself as the practitioner and those whom I serve. Reflection in action is considered to be the distinguishing characteristic of the experienced professional as one reflects while they are in the moment, being both a participant and an observer.

As we strive as community health nursing to address the issues that challenge our health care system a reflective practice approach can only enhance our knowledge as we move forward seeking positive professional and personal change and care.

This workshop will discuss the role of reflection in improving professional practice and present some tools to assist the learner. While the focus of this workshop centers primarily on palliative care, the concept is beneficial in all care settings.

Learning Objectives:

- Develop a better understanding of reflective practice as a tool for change
- Understand the value of self- awareness and self-care in relation to professional and personal aspects of nursing practice
- Appreciate the value of effective communication on the clinical relationship

Noon - 1:30pm	Lunch on Own See the registration desk for suggestions.
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Time**Event**

1:30pm – 4:30pm **PC4: Showcasing CASN E- Resource Exemplars of Teaching Strategies for Entry to Practice PHN Competencies** **Cost \$70+ HST**

Presented by: Ruth Schofield, Donalda Wotton, JoAnn Tober, Lisa Ashley

This pre conference will showcase exemplar teaching strategies from an on-line E-Resource developed to support educators and practitioners. Participants will engage in discussion of the relevance and integration of these strategies to their student teaching or workplace orientation experiences. In addition, participants will be invited to share additional teaching strategies that they have used to promote Entry to Practice PHN Competencies.

Background

The Canadian Association of Schools of Nursing (CASN) entry to practice PHN competency E-Resource for educators and practitioners was launched in the summer 2015. This data base contains exemplar teaching strategies for each of the Public Health Nursing competency domains and provides related indicators. Educators or practitioners can select a relevant teaching strategy to support the learning activities of nursing students or the orientation activities of new community health nurses. Participants will also be invited to share their ideas and resources used to promote the integration of Entry to Practice PHN Competencies.

Learning objectives:

1. To increase awareness of this E-Resource,
2. To increase application of teaching strategies related to entry to practice PHN competencies in undergraduate curriculum and workplace orientation programs.
3. To solicit new ideas and resources to promote Entry to Practice PHN competencies

1:30pm – 4:30pm **PC5: The Principles of Wound Care Management** **Cost \$70+ HST**

Presenter: Angela McGinn, RN, ET, ConvaTec Canada Ltd.

Learning objectives:

- Describe components of a comprehensive wound assessment
- Utilize knowledge gained to improve assessment techniques in the clinical setting
- Describe the difference between infection and critical colonization in chronic wounds
- Describe the role of broad spectrum antimicrobials in the management of chronic and acute wounds.
- Identify/differentiate between the stages of pressure ulcers

4:30pm – 6:00pm **Dinner on Own**

6:00pm – 7:00pm **CHNC Annual General Meeting**

7:15pm – 9:00pm **Welcome Reception – A Traditional Kitchen Party!**



The Newfoundland Kitchen Party is an informal, folk tradition, where, families, friends and neighbors gather in large kitchens to socialize, and make connections through household entertainment. The music is mainly Celtic-based, where jigs and reels prompt all to dance, while enjoying home-cooked traditional Newfoundland food. Kitchen parties continue to thrive throughout Newfoundland and Labrador.

While none of your hospitality committee members has a kitchen large enough to hold us all, they have been hard at work, creating a unique kitchen party experience to welcome you to Newfoundland and Labrador!

Tuesday May 31st

Time	Event
6:30am – 7:30am	Optional Walk/Run
	Prepare your body, mind and soul for a day of learning and join members of your Hospitality Committee for an invigorating early morning walk or run through the beautiful streets of St. John's.
7:30am – 4:00pm	Registration/Information Desk Open
8:00am – 8:30am	Networking Breakfast
8:30am – 9:00am	Welcome and Opening Remarks
9:00am – 9:45am	Keynote Address: Making Connections. Making a Meaningful Difference Barbara Shellian, President Elect, Canadian Nurses Association
	 <p>Just as a person's health and well-being are inextricably linked to the social determinants of health, different sectors of our society must link together to support people beyond their health needs.</p> <p>The Community Health Nurses of Canada's Blueprint for Action captures that concept well in stating that "interprofessional and intersectoral partnerships are critical for promoting positive change in the health system to deliver optimal and integrated services at multiple levels."</p> <p>Through her discussion, RN Barb Shellian — president-elect of the Canadian Nurses Association and a director of community and rural health with Alberta Health Services — will explore the need to embrace cooperation, collaboration and public participation to improve the effectiveness and efficiency of care and client outcomes.</p>
9:45am – 10:15am	Refreshment Break
10:15am – 11:15am	Breakout Sessions 1

Oral Presentations - 100

100A: Showcasing an Innovative Leadership Program Based on the LEADS Framework and Best Practice Principles of Coaching and Mentoring Targeted to Emerging Leaders in Community Health

Hamida Bhimani, RN, CHE, Cathy Jaynes, RN, The Regional Municipality of York, Public Health Branch, ON

Results of our 2011 Employee Engagement Survey identified the need to provide additional leadership development opportunities for staff. To fulfill this need, we set out to develop an evidence-based leadership program for emerging leaders in our organization. We began by conducting a synthesis of the literature on effective models for coaching and mentoring that support leadership development. Next, we undertook focus groups to solicit input from public health nurses, and managers on their views of our existing mentoring opportunities. Based on the findings, we identified an evidence-based framework entitled "LEADS in a Caring Environment", which we found to be relevant and applicable to community health nursing and our vision for leadership in public health. By combining the LEADS Framework with best practices in coaching and mentoring, we developed a new leadership program.

Program participants, which includes nurses and staff from other disciplines in public health, learn and practice key leadership capabilities from the LEADS framework in individual and group mentoring sessions. They use an interactive online learning tool, the Harvard ManageMentor, which is aligned to the capabilities of the LEADS Framework to further their development. The participants also take part in a developmental assignment, providing an opportunity for on-the-job learning. All participants engage in an action-oriented group project to resolve a key strategic issue facing public and community health which is specific to our environment and context. This specific component of the leadership program also invigorates the systems transformation agenda set forth in the BluePrint for Action by the Community Health Nurses of Canada.

Preliminary evaluation data indicates that the participants are gaining proficiency in the key leadership

capabilities of the LEADS framework.

Key Learning Outcomes

- Share critical success factors needed to initiate and establish a leadership development program
- Demonstrate how a leadership framework such as LEADS can be utilized in all components of a leadership program to achieve effective leadership skill development for emerging leaders
- Showcase how this program facilitates systems transformation by engaging its participants in a group-based social learning project aimed at resolving a strategic systems issue
- Share strategies that support effective uptake and use of the LEADS Framework as a tool for personal and staff development

100B: Trusting the Process: Successfully Navigating Change in a Voluntary Organization

Karen Quigley-Hobbs, Region of Waterloo Public Health, ON, *Patricia Else*, BScN MN, Strava Consulting, ON, *Maureen Cava*, BScN, MN, Toronto Public Health, ON

This presentation relates to the subtheme of CHN leadership and voice. This panel presentation will describe the steps in bringing two nursing leadership groups together into one new association. Participants will increase their understanding of communication and outreach strategies contributing to the successful change process. The potential barriers to implementation of the change process and ways to manage them will also be addressed.

A panel representing the key partners in this process will present the process used to transform two nursing leadership groups with similar mandates, albeit different histories and perspectives into a new Association. ANDSOOHA and OPHCNO collaborated over a two year staged project to combine into a new Association. The result is endorsement of a new name, vision and goals as well as a draft strategic plan.

Stage one of the project focused on two things; establishing that the membership of both organizations were supportive of the move to one organization and identifying issues and values in common and of importance to both groups. The oversight Advisory group worked within principles of transparency and regular communication with their members.

At the September 2014 AGM the membership voted overwhelmingly to transition to a new organization within the year following a process model. Following the 2014 AGM, two teams of volunteers from the membership of ANDSOOHA and OPHCNO were established with clear roles and deliverables.

The teams used an iterative process to take the original consultation material from 2014, informal consultations conducted by the team members individually, team discussions, to develop the new Association draft vision, goals, governance structure and membership.

The success factors were: a shared vision for the future, capitalizing on the expertise of the leadership teams, a point person accountable to move the project, ensuring consultation and feedback with members, and establishing and maintaining consistency with the framework and timelines.

Key Learning Outcomes

- The panel presentation will describe the steps in bringing two nursing leadership groups together into one new association.
- Participants will increase their understanding of communication and outreach strategies contributing to the successful change process.
- The potential barriers to implementation of the change process and ways to manage them will also be addressed.

Oral Presentations - 101

101A: Community Development in Northern Canada: A Competency Approach

Sue Starks, RN, BScN, MSc, *Catherine Bradbury*, RN, BScN, MEd, Yukon College, YT

In 2012-2013, nursing faculty at the three territorial colleges launched this project with a community development needs assessment of the northern health and social services workforce. Based on the learning needs and interests identified, the group has now over two years developed a learning module based on northern public health competencies. Learners are invited to develop greater capacity to support communities in their efforts to address

public health challenges, through five priority competency areas:

- Community advocacy and engagement
- Problem-solving and conflict resolution skills
- Participatory action research, community asset mapping, participatory evaluation
- Sustaining change
- Grant proposals, project proposals, briefs, options papers, requests for proposals

While design of the learning tool was through creation of a chapter devoted to each of these competencies, elements of survey respondents' identified learning interests as well as the full range of northern public health competencies are woven through the content. Curriculum is mindfully grounded in a strength-based approach.

This presentation will introduce participants to the on-line module and provide exposure to various interactive learning activities. The tool includes connections to a wide range of related resources, videos and opportunities to apply learning to the provider's own community and context.

Key Learning Outcomes

- Experience a novel learning module designed to build competence in community development in the Canadian far north

101B: Advancing Nursing Roles: Bridging a Gap in Health Services Delivery for Aboriginal Persons Within Rural, Remote, and Northern First Nations Communities

Zaida Rahaman, BScN, MN, PhD, Memorial University of Newfoundland, NL

Background: Nurses are one of the largest groups of health care providers within Canada, and are in a privileged position of delivering essential health services to clients, families, and communities. In particular, nurses can play a central role in the delivery of quality health services in rural and remote Northern Canadian Aboriginal communities.

Objective: The purpose of this qualitative research study included: exploring what are the roles and challenges of nurses working within isolated Northern First Nations communities; and, what resources can help support or impede nurses' efforts in working towards addressing health inequities for Aboriginal persons with respect and dignity.

Methods: Critical Discourse Analysis of twenty-five semi-structured interviews with nurses and key informants was deployed to gain a better understanding of the responsibilities and challenges of nurses working with First Nations persons in Northern Canada. Participants described their skills, knowledge, and experiences of providing primary health care throughout their practice within rural and remote contexts.

Results: Collectively, nurses offered that the responsibility of primary health care delivery falls within their scope of practice including areas of: emergency, acute care, home care, community health, public health, and mental health nursing. Participants also felt that they were not prepared for caring for a population with a high level of health disparities, such as Aboriginal populations, as compared to a general population.

Conclusion: There is value in providing preventive care to a population where various chronic and communicable diseases are preventable. Furthermore, health service policies which identify nurses' roles and challenges can help to strengthen the delivery of quality health services for Aboriginal persons with local relevance of care.

Key Learning Outcomes

- Understand learning implications to nursing practice and professional development: Self-reflective practice can play a role to help nurses better prepare to work with isolated Northern First Nations communities prior to entry-to-work; as well as, to help them provide meaningful care; and,
- Explore opportunities for local collaborations: Academic institutions and professional licensing bodies can also work in synergy with community leaders and Elders to strengthen local cultural knowledge and practices relevant to nursing roles, including nursing care within Aboriginal communities in Newfoundland and Labrador.

Oral Presentations - 102

102A: Approaches to Developing Community Health Nursing Skills for Health Equity Work

Karen Fish, , National Collaborating Centre for Determinants of Health, NS, Elizabeth Wright, BSc, BN, MSc, Centre for Public Health Capacity Development, PHAC, NL

The purpose of this session is to share--and offer opportunities to discuss--recent needs assessment work focused on 1) the skills / knowledge / attitudes required to do health equity work; 2) online courses on health equity recommended for public health staff; and 3) 3) how organizations can support staff in acquiring these abilities through online learning, mentoring, group discussion and reflective practice.

The NCCDH's 2013 scan of online courses related to health equity for a public health audience recommended 12 online courses and established the need for a national introductory course on health equity for public health staff. In 2015, Skills Online contracted the NCCDH to update this scan and complete a limited assessment of the professional development needs of public health practitioners for health equity work. The needs identified included: 1) knowledge of HE concepts, and the pathways through which health inequities are created and persist; 2) understanding of personal barriers and aspirations to addressing social inequities; 3) understanding of the ways PH organizations can build capacity for health equity work; 4) clarity about what effective HE action looks like, at the individual and organizational levels.

We are now poised to develop this online course in a subject area that is perhaps best suited to face-to-face learning. The discussion will explore how online learning can begin to address the attitudes and behaviours that help people do HE work, and how online learning can be supplemented locally by mentoring, staff discussions and reflective practice.

Key Learning Outcomes

- Describe skills, knowledge and attitudes that support staff in doing effective health equity work
- Identify ways that learning from online courses can be reinforced and supported in the workplace
- Explain how these two outcomes could be applied in their workplace

102B: Making the Connection: Using Innovative Strategies to Influence Practice

May Tao, RN, BScN, MSN, Toronto Public Health, ON, Katie Dilworth, RN, BScN, MHSc, CCHN(C)

The Blueprint for Action for Community Health Nursing in Canada calls for having "a competent and well-prepared workforce". This bold directive requires innovative strategies to develop and strengthen the workforce by: establishing a clear strategic vision; providing proactive leadership and support; and promoting continuous learning.

This large urban public health unit was designated as a 'Best Practice Spotlight Organization (BPSO(R))', an innovative leadership initiative to implement and evaluate the implementation of research evidence into practice. The organizational requirements include implementing innovative strategies and leadership which support evidence-informed practice to improve client health.

Integrating knowledge into practice is complex as often the uptake of knowledge is poor, and creative strategies are needed to increase knowledge; and to ensure evidence uptake. Effective knowledge translation (KT) is often iterative and requires organizations to make changes and embed them in their learning initiatives and policies. Iterative KT can be effectively enabled with the influence from the organizations leadership.

Support is a pivotal strategy to facilitate evidence implementation. Managers can provide a clear vision; motivate and support staff to integrate evidence into practice.

This BPSO(R) designated organization successfully utilized innovative professional development strategies to gain support of the senior management team (SMT). An energizing training workshop with a variety of interactive KT strategies included: storytelling; role play; narrative conversation; mind mapping, interactive poster; pictorial approach and gamification.

Evaluation demonstrated a positive impact on the SMT team in 1) acquiring new best practice knowledge; 2) increasing inter-directorate collaboration and partnership; and 3) gaining leadership skills to motivate staff to address and influence practice change. All of these contributing toward excellence in quality practice.

Key Learning Outcomes

- describe innovative professional development strategies for translating knowledge into practice;
- discuss successes and challenges of using these strategies; and
- engage in a dialogue to identify how to implement similar initiatives in their organizations.

103A: E-Learning in the Community: Strategies for Evaluating Knowledge Retention

Janet Chan, BSc, BScN, RN, CCHN(C), Kaitlyn Vingoe, RN, MN, BScN, VHA Home HealthCare, ON

Nurse educators supporting home health providers are increasingly using e-learning to deliver education and training as part of ongoing workforce development. Research regarding knowledge retention and usability for online learning has been promising. The mobility of the community workforce means that nurse educators have limited opportunities to reinforce new knowledge after an education initiative, which raises the question is knowledge learned online retained long enough to influence practice? Our quality improvement study evaluated the knowledge retention of personal support workers (PSWs) one month after completing an e-learning course on therapeutic relationships.

Implementation: VHA Home HealthCare partnered with George Brown College and Toronto East General Hospital to develop a one-time e-learning course for community PSWs. Initial knowledge uptake and usability was investigated in a separate research study (in preparation) which confirmed that the online training resulted in improved knowledge uptake ($p=0.033$) immediately post intervention. New hires are automatically enrolled in the course and are required to take a follow up quiz one month after completion.

Findings: 98 learners have completed the course. Average scores are 78% for the immediate post-test and 73% for the one month follow-up. Further analyses of the raw data are ongoing to better understand which concepts are most easily transferred to the e-learning format.

Implications: A key component of assessing knowledge retention is asking the right questions. Insight will be provided on how nurse educators can develop an evaluation tool that accurately reflects the content they want to assess. Concepts of therapeutic relationships that are most easily transferred to e-learning will be provided. Aspects that were more resistant to long-term knowledge retention will be identified and the implications for clinical practice will be discussed. Strategies for supporting staff that do not achieve a passing grade will be identified.

Key Learning Outcomes

- Concepts of therapeutic relationships that are most easily transferred to e-learning will be provided. Concepts that appear resistant to long-term learning retention will be identified and discussed.
- Factors that influence the success of e-learning for home health providers.
- Challenges and solutions for creating an evaluation tool for knowledge retention of e-learning.
- Strategies for supporting staff that are not successful with e-learning.

103B: Making the Documentation Connection: Developing Regional Documentation Guidelines for Community Health Nurses

Carolyn Gosse, BNRN CCHN(C), Tina Skinner, MN, RN, Heather Hunt-Smith, MN, RN, Eastern Health, NL

Documentation is a vital component of safe, ethical and effective nursing practice. In 2014, the Home and Community Care Program Coordinators and Managers at a Regional Health Authority recognized that a nursing guideline was needed to support consistent and quality documentation. Existing nurses and those new to the program were not consistently receiving the same direction regarding documentation requirements across the region, which resulted in varying documentation practices and questions for nurses. Regional working group members collaborated to develop the "Home and Community Care Program Community Health Nurse Regional Documentation Guidelines". These guidelines outline the professional accountability for documentation in the program. They supplement existing professional standards and organizational policies on documentation for Registered Nurses and Licensed Practical Nurses. These guidelines will function as a reference source for the orientation of new nurses. They will also aid in the development of a standardized documentation audit tool for the program.

Key Learning Outcomes

- To acquire knowledge about regional documentation guidelines that were developed for community health nurses in one regional health authority.
- To develop an awareness of how to use a documentation guideline to assist in the development of an orientation tool, and a standardized documentation audit tool.

104A: Success and Challenge in British Columbia: Interior Health's Breastfeeding Community of Practice

Barbara Henderson, RN, B. Sc.N, Meggie Ross, RN, IBCLC, Interior Health, BC

The focus of this presentation is to share a Health Authority-based Breastfeeding Community of Practice (CoP). It is unique in that it is open to all staff members, from Public Health Nurses to lab technicians, physicians, nutritionists, even cleaning staff.

The purpose of the Community of Practice is collaboration, inspiration, learning and resource-sharing. The overarching goal is to protect, promote and support breastfeeding in this region of our province.

The idea sprung out of necessity. Our region is spread out over 215,000 km. Population is 731,000, and we have over 19,000 staff. Breastfeeding advocates around our region were working in isolation, creating duplicate educational materials, sometimes using out-dated, suboptimal educational and clinical tools.

Time, money and resources are always at a premium. The Regional Breastfeeding Advisory Committee envisioned this Community of Practice, and after about a year of preparation (primarily by two Community Health Nurses), it was ready to launch. We now have a virtual, web-based platform and also stay connected with members through CoP e-mail updates, sharing and education webinars.

This presentation will showcase successes of our CoP, including how staff have brought issues forward and these have led to the development of policies and educational materials. There will be a virtual tour of the Community of Practice website. The resource materials that have developed out of a grassroots need will also be shared.

The ongoing challenges of the Breastfeeding Community of Practice will also be discussed, such as website maintenance and improvement, and finding innovative ways to keep members engaged and involved.

The goal of this presentation will be to share this regional Breastfeeding Community of Practice to help other community nurses see the value. Ideally it will inspire others to follow suit in their own health regions.

If we can do it, anyone can!

Key Learning Outcomes

- To identify key components of a working regional Breastfeeding Community of Practice
- To imagine the potential value of a Breastfeeding Community of Practice in other parts of the country
- To understand some of the successes and challenges of a regional Breastfeeding Community of Practice

104B: CHN Alberta's Blueprint for Action – Making Connections One Newsflash at a Time

Lani Babin, RN BN, Alberta Health Services, AB, Dawn Mercer Riselli, MN RN CCHN(c), Athabasca University, AB

The Community Health Nurses of Alberta (CHN Alberta) is celebrating 10 years as a specialty organization of Registered Nurses supporting the health and well-being of our communities and of each other. When a community nurse visits our webpage the phrase Creating Connections with Community Health Nurses in Alberta is front and centre. Supportive connections build capacity, support ideas, nurture enthusiasm from like-minded colleagues, and, in turn, foster leadership. How do we continue this work for the next 10 years? Our answer so far has been through the CHN Alberta Newsflash.

More than offering just announcements and updates, our monthly correspondence, CHN Alberta Newsflash, has evolved as voice of everyday leadership in community health nursing through a feature called Share Your Story, and has incorporated learning connections opportunities on topics that serve to enhance the skills of nurses from all disciplines in community health.

Join us for an innovative and inspiring presentation, where participants will acquire strategies to promote and strengthen the quality of community health nursing connectedness in an online community where the barriers of time, distance and scarce resources are removed. Fresh ideas which have served to build connections, grow our membership numbers, and encourage leadership testimonials in a virtual community will be discussed. We will share our growth statistics that support these realistic, practical strategies to increase visibility, and to promote the work of everyday leaders in community health nursing practice.

The utilization of a short presentation format will permit enthusiastic dialogue, idea-sharing and networking to generate immediate and viable connections throughout the country.

Key Learning Outcomes

- Share ideas and tools to advance community health nursing connectedness
- Discover and develop innovative ideas to strengthen community health nursing leadership
- Strengthen the identity of community health nursing

Oral Presentations - 105

105A: Connecting Evidence to Community Health Practice

May Tao, RN, BScN, MSN, Toronto Public Health, ON, Barbara Astle, PhD, RN, Trinity Western University, BC

The Blueprint for Action for Community Health Nursing in Canada calls for having "a competent and well-prepared workforce". This bold directive requires the community health nurses to share sound evidence and innovative practices with the profession.

In the past decades, the rapid growth in nursing science requires a systematic approach to translate knowledge into practice. Clinical practice guidelines have emerged to be promising tools for providing direction to health care organizations in translating evidence to inform practice, and improve quality of care. There is also an enormous interest for clinical practice guidelines to be implemented in the community health setting. Such promising guidelines, however, cannot successfully make a difference in the clients' health unless suitable strategies and processes are used in their implementation.

The purpose of this presentation is to discuss a Knowledge Translation Project using a knowledge synthesis method, describing the guideline implementation strategies and processes in a community health practice context. The Joanna Briggs Institute Model and the Knowledge-to-Action Framework were used to guide the process. As well, narrative approaches were used to synthesize the findings. Several recommendations from this knowledge synthesis describe their application within a large urban public health organization.

Evaluation demonstrated a positive impact on this organization in a) acquiring new research knowledge; b) applying the recommendations to disseminate this knowledge; and c) using theoretical frameworks to implement and evaluate guidelines. All of these successful approaches to guideline implementation can increase evidence-informed decisions; reduced variation and cost in health care; and, finally contribute to the betterment of individuals and communities health care needs.

Key Learning Outcomes

- describe innovative research strategies and processes for translating knowledge into practice;
- discuss successes and challenges of using these strategies and processes; and
- engage in a dialogue to identify how to implement similar recommendations in their organizations

105B: Can Cartoons Build Capacity to Interpret Research Evidence? An Evaluation of the Understanding Research Evidence Videos from the National Collaborating Centre for Methods and Tools

Maureen Dobbins, RN, PhD, National Collaborating Centre for Methods and Tools, ON, Jeannie Mackintosh, , National Collaborating Centre for Methods and Tools, ON, Linda Chan, MPH, Dalla Lana School of Public Health, University of Toronto, ON

As part of its mandate to build capacity for evidence-informed public health (EIPH), the National Collaborating Centre for Methods and Tools (NCCMT) offers workshops and webinars to public health and allied professionals. Topics include a step-by-step approach to incorporating evidence into practice, and how to search for and critically appraise research evidence, and how to apply the EIPH process to specific issues. Despite the overall positive feedback on the workshops, facilitators have noted a recurring challenge: many participants report difficulties understanding some key terms commonly included in research papers.

The series of Understanding Research Evidence (URE) videos was created to explain some terms and concepts commonly encountered when looking at research evidence. Ideas that might otherwise be intimidating or misunderstood are presented in a non-threatening way, using concise plain language narration and cartoon visuals to illustrate realistic public health examples.

The URE videos were evaluated to determine public health professionals' satisfaction with the videos, the knowledge they gained from watching the videos, and how they are applying that knowledge in their work.

Seventy-six public health professionals completed an online survey, 18 participated in the telephone interviews, and 124 participated in the pre-/post-tests. Online survey and pre-/post-test data indicated that the videos effectively increase understanding of research concepts. Fifty-seven percent of online survey participants felt they gained knowledge on how to interpret research evidence. Those who participated in telephone interviews thought the videos appealed to a range of learners. Additionally, interviewees understood the utility of being able to interpret research data and indicated that, with improved skills in research interpretation gained from watching the videos, they felt better equipped to use research evidence in program implementation and evaluation plans.

Key Learning Outcomes

- To explore if understanding of research concepts facilitates the use of research evidence in public health work.
- To determine the impact that educational videos can have on knowledge related to common research concepts.
- To describe how NCCMT's Understanding Research Evidence videos support capacity development for evidence-informed decision making in public health.

Workshop – 106

Developing Core Competencies with OnCore-EnCours: An Education Opportunity for Public Health Nurses and their Employers

Beverley Bryant, RN, BScN, MEd, Julie Atkinson, MHSc, Peel Public Health, ON

Knowledge of the public health sciences and capacity in assessment and analysis are core attributes of a skilled public health workforce. Public Health Nurses play a key role in our workforce and can benefit from learning products that build these fundamentals. OnCore-EnCours learning modules are designed to do just that. They apply the population health approach to real public health problems and are designed for implementation in the work setting.

This innovative, new program, funded in part through the Public Health Agency of Canada, has been piloted with over 100 public health professionals at three Ontario Public Health Units. OnCore-EnCours builds knowledge and skills on core competencies foundational to public health practice, including public health nursing discipline specific competencies. OnCore-EnCours uses a blended model, integrating self-directed online learning and facilitated face-to-face learning. The online lessons teach application of the population health perspective, and build core skills in the use of research and data to inform public health practice. OnCore-EnCours is now available in Canada and is appropriate for Registered Nurses working in public health, regardless of their years of experience.

OnCore-EnCours is best understood by experiencing it and this will be accomplished through a facilitated workshop. This workshop provides participants with hands-on opportunities to review the course content via live demonstrations and small group case studies. Following the small group activities, participants will reflect on the applicability of OnCore-EnCours in meeting their own learning needs and those of other Public Health Nurses in the workforce. This workshop addresses the conference subtheme of workforce development and is appropriate for Public Health Nurses, public health leaders and employers, educators and nursing students.

Key Learning Outcomes

- Describe the key elements of OnCore-EnCours and identify the relevance of these learning modules for developing the public health workforce, for Public Health Nurses and for their employers.
- Review the course content through a variety of activities, including facilitated group discussions and live demonstrations, and apply the content to public health practice.
- Assess the applicability of this education program in meeting the learning needs of the Public Health Nursing workforce and identify ways to integrate OnCore-EnCours as part of a professional development strategy within your own organization.

11:15am – 11:30am **Stretch Break**

11:30am – 12:30pm **Breakout Sessions 2**

Short Presentations - 200

200A: A House, a Village: The Maison Bleue Model: Disseminating to Québec City an Innovative Social Perinatal Centre

Lucie-Catherine Ouimet, BScN, MA, RN, Jeffery Hale-St.Brigid's, QC, Pascale Rolland, La Maison Bleue, QC

The aim of this paper is to present the process of implementing an innovative care model to Quebec City: La Maison Bleue

La Maison Bleue[1] (MB) is a proven innovative model of perinatal care in Montral, a hybrid NPO/public health services structure that succeeds in materializing an interdisciplinary practice and as such allowing for an increased accessibility to physical and psychosocial health services. The team offers preventive intervention to vulnerable families, continuously from pregnancy until the child is five years old. The follow-up care is split amongst and supported by a multidisciplinary team consisting of a physician, a midwife, a nurse, a social worker, a psycho-educator and a specialized educator.

The Qubec City project initiated from the perinatal nurses of the English-speaking Community Services of the Jeffery Hale[1] (JHCS). Striving to maintain a patient-centered care, they noted that their patients - often in vulnerable situations being non-French speaking - hadn't readily access to primary care and faced insurmountable barriers. In the will to provoke a change, these nurses initiated a partnership with MB of Montral, wishing to import their model of care in Qubec City.

The deployment of such a project in an unilingual largely monoethnic city, in the midst of the arrival of a plethora of migrants entails certain challenges- a reality that faces the JHCS nurses when advocating for their patients striving to navigate the health care system.

This presentation shares the process of establishing a model of care that challenges the status quo of the way we provide care in the perspective of political health care reform. This project of MB, with its hybrid structure and unique approach offers a model that could be adapted to the needs of all communities of Quebec, and the rest of Canada.

[1] www.maisonbleue.info www.jhsb.ca

Key Learning Outcomes

- innovative model of perinatal care: challenging the status quo
- interdisciplinary collaboration
- patient entered care

200B: Supervision Responsibilities Related to an Intervention to Identify and Respond to Intimate Partner Violence Within a Nurse Home Visitation Program

Cynthia Stone, RN, Victorian Order of Nurses, ON, Susan Jack, RN, McMaster University, ON

Nurse-Family Partnership (NFP) is a nurse home visitation program delivered to a targeted population of socially and economically vulnerable, young, pregnant women and first-time mothers. NFP has been identified as the most effective intervention to prevent child abuse and neglect. However, this outcome is attenuated when there is intimate partner violence (IPV) in the home. A comprehensive nursing intervention was developed to support NFP nurses identify and respond to IPV. The purpose of this presentation is to describe nurse supervisors' roles and responsibilities related to implementation and delivery of the IPV intervention.

Methods: A 15-site cluster randomized controlled trial has been conducted in the United States to determine the effectiveness of the intervention to reduce maternal exposure to IPV. In parallel to this trial, a process evaluation has been conducted to describe how the intervention was implemented in seven intervention sites. Using principles of interpretive description, interview data from NFP supervisors (n=7) triangulated with data extracted from focus groups (n=7 focus groups) with nurse home visitors will be analyzed using directed content analysis and constant comparison. Components of the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework for the uptake of new innovations in public health will inform the analysis.

Findings: With the uptake of a new innovation, supervisors have responsibilities related to: supporting nurse

education and ensuring organizational readiness for implementation. Once the IPV intervention was implemented, supervisors' work was focused on supporting nurses maintain fidelity to the IPV clinical pathway, professional development and the provision of reflective supervision.

Implications: The nursing supervisor plays a significant role in implementing and supporting the delivery of new innovations, such as the IPV intervention. It is necessary then to provide supervisors with additional education, tools for reflective supervision and organizational support to do this work.

Key Learning Outcomes

The nursing supervisor plays a significant role in implementing and supporting the delivery of new innovations, such as the IPV intervention. It is necessary then to provide supervisors with additional education, tools for reflective supervision and organizational support to do this work.

200C: Professionals Connecting to Improve Parenting Knowledge.

Jennifer Slade, BN,RN, CCHN (C), Cindy Saunders, Parent and Child Health Coordinator, Colleen Kearley, BA, BN, RN, Eastern Health, NL

Issue: There is a need to increase knowledgeable, confident parenting. The relationship between parenting practices and children's health and well-being is well documented. Many parents find that they are unprepared for the parenting role and require or desire assistance with parenting (Skrypnek & Charchun, 2009).

Project purpose: To increase awareness and knowledge of normal child development as well as positive ways to respond in first time parents.

Solution: Social marketing was chosen as a strategy to address this issue through interprofessional collaboration. A team of professionals including community health nurses, social workers, a psychologist, child management specialists and a social marketing consultant developed a social marketing plan. The result was the URaParent web site and the implementation of a range of strategic tactics to bring new parents to the web site.

Findings: Google analytics provided data on the use of the site by parents in Eastern Newfoundland. In its first 10 months, the URaParent web site registered above the average page views for similar Eastern Health campaigns in its first year of operation. The average time on the site was 25 per cent above the average time that is usually spent on other pages of Eastern Health's website. The majority of page views came from returning visitors. At the same time, the web site registered a high percentage of new users, suggesting promotional efforts were successful in reaching new members of the target audience. Community health nurses report using the website in their practice prenatally, postnatally and through child health clinics.

Key Learning Outcomes

- Working interprofessionally was vital to reach our objective.
- Parents' access web based information.
- The tactics used to bring parents to the website worked. Some were more successful than others.

200D: Reaching Families Their Way

Peggy Govers, RN, MScN, Triple P Parenting Canada, ON

Positive parenting is a hot topic in communities across Canada for many reasons. Research has shown that environments that support positive growth and development of children have a lasting impact on the child's health and wellbeing across the lifespan. By making positive parenting a public health priority, we have the ability to increase the knowledge, skills, and confidence of parents in the task of raising children. However, not all families have access to evidence-based, empirically strong programs within their communities. In 2012 an International Parenting Survey was conducted with 2000 parents from Canada (in addition to families surveyed in Australia, Germany, Hong Kong and New Zealand). Results of this study indicated clearly that parents were looking for access to high quality parenting interventions; and one of the primary preferences for how to access support was through online service delivery.

Triple P - Positive Parenting Program offers nurses a variety of ways to engage with families to support access to the programs, including brief interventions, self-directed study and an on-line version. The programs within the Triple system are being used increasingly across Canada. More about the programs, their evidence base and examples of different program variants will be shared to promote discussions about changes that are possible

within an existing system of services that can increase access by parents to the supports they are seeking.

Key Learning Outcomes

To introduce community and public health nurses to parenting education programs that can be provided flexibly within the community, particularly at a distance

Oral Presentations - 201

201A: Seamless Perinatal Transition Team - The Move to Implementation

Ruby Gidda, RN, BSN, MEd, CCHN(C), Michelle Urbina-Beggs, RN, BScN, MN, CHNC(C), Fraser Health Authority, BC

Since perinatal services are provided by a series of different healthcare providers in different settings, there is a need to pay particular attention to the transitions between these providers to ensure a woman's perinatal journey is seamless. The Seamless Perinatal Healthcare Initiative at Fraser Health was created to address priority gaps in perinatal care across acute and community services, with particular focus on vulnerable women and their families from pregnancy to 8 weeks postpartum. Improvements in the "3 Cs" of communication, coordination, and collaboration are intended to result in improved outcomes for the mother and infant as well as an experience of "seamless care" across various care providers.

In this presentation we will reflect on the lessons learned from the regional implementation of Seamless Perinatal in 8 of Fraser Health's maternity hospitals. Specifically, we will explore the ways we have found to improve the communication, collaborative care planning, and coordination of care across Public Health, Acute Maternity Care, Primary Care, and Neonatal Intensive Care Units, along with external partners. Challenges we faced - and how we dealt with them - will also be explored.

Key Learning Outcomes

- Appreciate the complexities of working across disciplines and working across acute and community services in perinatal care
- Articulate the roles of each of the players in perinatal health services in order to collaborate more effectively
- Articulate how seamless perinatal transition teams impact client service

201B: The Web Resource Rating Tool: Connecting Health Professionals and Citizens to High Quality Health Information Online

Maureen Dobbins, RN, PhD, Health Evidence, McMaster University, ON, Susannah Watson, MA - Health Promotion, Health Evidence, McMaster University, ON, Kristin Read, MPH, National Collaborating Centre for Methods and Tools, ON

There is a societal shift in perceptions about aging. Rather than associating aging with physical and mental decline, emphasis is progressively more on promoting 'optimal aging': encouraging people to stay healthy, active and engaged for as long as possible. This, combined with a focus on 'Aging in Place', means more older adults are managing their own health with the support of care providers (such as home care workers, public health professionals and nurses). Access to online health information can facilitate self-management and enhance shared decision-making between patients and care providers and there is a lot of information available on the internet relevant to optimal aging. The challenge is much of this information has not been informed by good quality evidence, and is therefore unlikely to provide useful answers to health questions and produce the purported health benefits.

The McMaster Optimal Aging Portal is unique among health information websites with its exclusive focus on content relevant to optimal aging combined with rigorous quality appraisal which helps users filter through masses of health information and easily identify the most trustworthy resources. One of the website features - the Web Resource Ratings (WRR) - provides a rigorous evaluation of aging-related health information available online using a quality appraisal tool developed by the Portal team. Star-ratings allow readers to easily identify and link to the highest quality resources. A recent evaluation of the WRR tool verified its high reliability and utility to external raters who wish to independently assess online health information (not limited to aging topics), including web resources from their own organizations. As a result of interest expressed by organizations to assess their own web resources, the tool is now publically available. This presentation gives participants an overview of the WRR tool and individual assessment criteria as well as instruction on using the tool.

Key Learning Outcomes

- Access high-quality health information on the Portal and share this information with your patients or clients.
- Critically appraise resources from your own organizations
- Design new online resources using the WRR tool as a guide
- Teach students, staff, patients and clients how to critically appraise health information they find online

Oral Presentations - 202

202A: Sustainable Interprofessional Community Practicums

Cindy Versteeg, RN MScN, Tonia Peachman-Faust, RRDH, Algonquin College, ON

Providing interprofessional community health practicum opportunities is paramount to skill development in health professionals. By creating learning opportunities for students to work and function within an interprofessional team on community health promotion projects, knowledge transfer to skill development takes place. We will share the success of our sustainable interprofessional community based projects between the 4th yr BScN students and the 3rd year Dental Hygiene students. We will discuss successes and challenges as well as the consistently positive results achieved with these collaborative interprofessional projects. Recommendations for organizing and implementing sustainable interprofessional practicum projects with diverse partners such as high schools, non-profit organizations, public health units and various college based partners will be presented. Students walk away from this unique learning opportunity with a greater understanding of their scope of practice and role clarity as well as a keener sense of the importance of interprofessional practice, team work and health promotion illness prevention within the community. By applying these competencies at the educational level, it is expected that these graduates will enter the field of nursing with a clearer view of their identity, a broader view of interprofessional collaboration and their role in working collaboratively to enhance positive client-centered outcomes.

Key Learning Outcomes

- To identify key steps to building and aligning curriculum for sustainable interprofessional community health nursing practicums
- To gain insight into IP community health practicums - benefits and challenges.
- To inspire other educators to consider inclusion of similar practicum into curriculum to enhance Community Health Nursing education.
- To present impact this practicum is having on students at the entry to practice level.

202B: Can an Innovative Public Health Placement Model Better Prepare BScN Students in Meeting the Entry-to-practice Public Health Nursing Competencies for Undergraduate Nursing Education?

Colleen Battista, RN, BScN, MN, PIDP, André Carrière, B.A., B.Sc., MHA, Julie C. Dyke, RN, BScN, MScN, St. Lawrence College, ON

This presentation reports on a study examining whether an innovative public health placement model would better prepare third year BScN students in meeting the newly established Entry-to-practice Public Health Nursing Competencies for Undergraduate Nursing Education developed by the Canadian Association of Schools of Nursing (CASN, 2014).

The new BScN public health placement model is in its second year of successful implementation. The model offers third year BScN students the opportunity to complete a placement in public health as part of a group led by an Academic Liaison, seconded by the local public health department. This model has shown that a large majority of the third year BScN student cohort was able to be exposed to a wide range of public health roles, as opposed to the traditional preceptor-led community placement model.

This year, the students have been evaluated using the five entry-to-practice public health nursing competences.

Using comparative methodologies, the study will highlight how the new model has supported the students' awareness, knowledge and exposure to the competencies, as opposed to a similar group of BScN students participating in placements within the traditional model.

The presentation will provide an overview of the new placement model, the importance of looking at cohorts

as opposed to individual students in meeting entry-to-practice competencies, inform the participants about the study findings and promote a discussion about innovation in placement models and their capacity to support students meeting entry-to-practice competencies.

Key Learning Outcomes

Learn about an innovative approach to public health placement for BScN students

- Discover the findings of the comparative study
- Understand the potentials for this model's sustainability
- Discuss the challenges of BScN programs in reaching the Entry-to-practice Public Health Nursing Competencies for Undergraduate Nursing Education
- Assess whether this model would be applicable in their region

Workshop - 203

Proving Support in the Management of Primary Lymphedema: A Collaborative Approach With a Mother and Son's Perspective

Martina Reddick, RN, Lymphedema Specialist, Private consultant, NL

Lymphedema of the lower limb is a prevalent condition that is frequently encountered and managed in the community.

It is an abnormal collection of protein rich fluid in the interstitial spaces due to a defect in the lymphatic drainage system. Lymphedema is a progressive chronic condition needing life-long management. It affects a significant number of people in Canada; the incidence is unknown however it is estimated that between 3 and 5 million in the US suffer from lymphedema. It predisposes patients to chronic edema, infections, cellulites and lymphangitis. There are two types, Primary Lymphedema which is an abnormality in the lymphatic system that is present at birth and Secondary Lymphedema, which is due to an acquired dysfunction of an otherwise normal lymphatic system usually as a result of cancer and its treatment.

It is our responsibility as home care providers and patient educators to be familiar with early recognition of lymphedema, those at risk, the types and the many treatment options available. Although it is a chronic condition with no known cure, the main symptoms of swelling and risk of cellulitis, can, with appropriate education and treatment, be controlled and significantly improved.

This presentation will highlight the improved outcomes in lymphedema management by providing education, training and support to community nurses. It will also provide the audience with a mother and son's perspective of managing primary lymphedema in the community and the essential role of community health providers in recognizing and caring for individuals coping with this often unrecognized chronic condition.

Most importantly, by recognizing lymphedema early and providing appropriate treatment we are empowering our patients to be independent and promoting self-management of this chronic condition.

Key Learning Outcomes

- To develop knowledge and skills in assessment and management of patients with lymphedema
- Learn the relevant treatment strategies for lymphedema including appropriate referral
- To maximise potential for patient self management through goal setting, education and support

Oral Presentations - 204

204B: Where is the Intersection Between Community Health Nurses and Street-based Sex Workers?

Karen Jenkins, RN, BScN, MSc, CCHN, Fanshawe College, ON, Kelly O'Neill, Fanshawe College, ON, Debbie Rudman, OT, PhD, Western University, Lorie Donelle, RN, PhD, Western University, Kathleen Harding, Safe Space, Jodi Hall, PhD, Fanshawe College, Billie Jones, Safe Space, Holly Weaver, Safe Space, Julie Bateman, Safe Space, Magdalen Moulten-Sauve, RN, Safe Space

Street based sex workers are among the most marginalized, and therefore vulnerable members of our society. The overwhelming majority of health research on street based sex workers has focused on biomedical issues of disease transmission and prevention through practice and policy initiatives (e.g., HIV/Aids and HepC), with very little attention paid to the unique needs of this vulnerable group as defined by the workers themselves. This presentation

is based on findings from a multi-dimensional needs assessment conducted utilizing a community based participatory research (CBPR) methodology. The research team included institutional based researchers, community based researchers and a peer researcher with lived experience. Participant observation, focus groups, a demographic questionnaire, and individual semi-structured interviews were used as methods of data collection. A collaborative approach to analysis was undertaken between institutional and community based researchers. Findings reveal a large gap between health services and health service needs of street based sex workers. Community health nurses (CHN) are uniquely positioned as they possess the autonomy to work outside of the confines of an institution, however, more importantly are informed by a social justice perspective that impels CHN's to advocate for and take action to address the inequity in health services for this vulnerable population.

Key Learning Outcomes

Participants will gain an understanding of the simple, yet complex health and social needs of street based sex workers and where CHN's can play a role in beginning to fill the gap. There will be opportunity for dialogue to consider possibilities.

. Oral Presentations - 205

205A: Alcohol Screening, Prevention and Intervention: A First Nation Pilot Project

Arlene Griffiths, RB, BScN, Waywayseecappo First Nation Health Centre, MB

Erin Norman, Pathways Research

David Brown, Waywayseecappo First Nation Health Centre, MB

The burden of disease and injury from alcohol misuse is substantial in Canada, including within First Nation communities. The largest share of this burden and resulting health system costs is associated with individuals at moderate risk rather than high risk, due to their large numbers in the populations. Moderate risk drinkers are those who use alcohol beyond low-risk drinking guidelines, but who do not (and may never) have alcohol dependence (alcoholism). While evidence-based screening tools and interventions have been available for some time, there has been only limited implementation. Implementing routine screening, prevention and intervention practices for addressing moderate risk drinking can be a particular challenge in First Nations given the lack of culturally appropriate materials.

In this presentation, we provide an overview of an initiative undertaken by the Waywayseecappo First Nation to address this issue. The community is located in Southwest Manitoba and has a resident population of approximately 1,500. The initiative is being run as a quality improvement project by the community health team. Assistance from a consultant with relevant expertise was made possible through the Province of Manitoba and Health Canada's Drug Treatment Funding Program. The project has involved implementing screening for key health indicators including alcohol and other drug use, anxiety and depression, stress, smoking, diet, physical activity and sleep quality.

A tablet-based screening tool is self-completed by individuals seeking routine services through the community health centre. The software on the screening app estimates risk level for onset or worsening of health issues according to evidenced-based criteria and provides the clinician or community worker with a summary along with recommendations for prevention or intervention steps. The presentation will highlight key findings, challenges and lessons learned. It will conclude with a discussion about the potential for using this kind of approach in other First Nation communities.

Participants will become familiar with:

- the burden of disease and injuries from alcohol use across the spectrum of risk levels
- the challenges implementing alcohol screening, prevention and interventions in First Nation and other communities
- promising strategies for implementation

205B: Socio-Cultural Contexts of Infant Feeding Choices Among Canadian Women of African Descent Living with HIV

Josephine Etowa, PhD RN RM FWACN, University of Ottawa, ON, Dr. Nana Boadu, PhD, University of Ottawa, ON, Shannan MacDonald, RN PhD student, University of Ottawa, ON, Seye Babatunde, MD, Public Health Physician, College of Health Sciences

Women's choice of infant feeding method is a social, cultural, and emotional issue that must be understood in relationship to mothers' social and cultural contexts as well as her HIV status. Given that Canadian women of childbearing years are the fastest growing group of persons who are infected with HIV, with over-representation of women from HIV endemic countries in sub-Saharan Africa and the Caribbean. This paper will discuss the findings of a recent literature review on the socio-cultural determinants of infant feeding practices among women of African descent living with HIV. PEN-3 cultural model informed the search of electronic databases and a synthesis of empirical studies conducted from 2001 to 2015 that reported perceptions towards infant feeding among mothers with HIV was carried out. A total of 34 articles meeting the search criteria were retained in this review.

Findings highlight both positive and negative factors that influence infant feeding choices among African women living with HIV. While factors such as family support had positive influence, the lack of acceptable, feasible, affordable, sustainable and safe feeding replacements, and stigma and discrimination had negative influence on adherence to clinical practice guidelines. Our paper will conclude with take home messages such as, the critical need to understand the socio-cultural factors that influence infant feeding choices among African immigrant women living with HIV in Canada, given that MDG commitment to eliminate mother-to-child transmission of HIV globally by 2015 has not been met. Understanding the experiences and socio-cultural factors influencing infant feeding choices in this population is critical since this sub-population represents the highest rates of HIV-exposed infants (48.3%) in Canada, and this information may inform the development of effective interventions to curb the current levels of vertical transmission of HIV.

Key Learning Outcomes

- To describe factors influencing infant feeding choices among African Canadian women living with HIV
- To identify the socio-cultural contexts of infant feeding among Canadian women of African descent

Networking Café - 206

Getting a Pulse on the Adoption of the PHN Discipline Specific Competencies at both Practice and Organizational Policy Levels

Genevieve Currie, RN, MN, Mount Royal University, AB, Françoise Fillion, MScN, Ingram School of Nursing, QC, Ruth Schofield, RN, MSc(T), McMaster University, ON, Elizabeth Diem, RN, PhD, Consultant, ON

Public health nursing discipline specific competencies help to define the generic knowledge, skills and attitudes essential for public health nursing practice. The competencies are a tool for role clarity and scope of practice, identified in the Blueprint for Action. In 2009 Community Health Nurses of Canada (CHNC) formerly (CHNAC) released eight competency domains with respective indicators. The CHNC Standards and Competencies Standing Committee are exploring how the competencies have been applied in PHN practice and in public health organizations. Join us in an interactive network café to share stories and showcase exemplars from your experience to contribute to a repertoire of adoption strategies and tools. Learning outcomes are to increase awareness of tools used to support integration of competencies in practice, to increase knowledge of facilitators and barriers to support integration in an organization and to contribute to the development of best practices.

12:30pm – 1:45pm **Networking Lunch**

2:00pm – 3:00pm **Breakout Sessions 3**

Short Presentations - 300

300A: Student Nurses' Experiences with Invisible Workers in the Backstretch

Aryn Nemani, student, Stephanie Eusebio, student, Laura McKenzie, student, Lisa Dellazizzo, student, Barbara Kennedy, RN, BScN, MNEd, CCHN(C), Oluwaseun Ola-Adigun, student, Jennifer Nicholls, student, Tammeka Mason, student, Deanna Bilyk, student

Purpose: The purpose of this presentation is to report on a community-based clinical project by third year nursing students who explored the health assets and risks of backstretch workers in Toronto, Ontario. The backstretch is the restricted stable area behind a racetrack where hotwalkers, groomers, and exercise riders share a unique community and culture. Backstretch workers are the backbone of the horse racing industry however, they face significant health inequities and disparities in their workplace. The job involves long hours, unpredictable pay and the demanding manual labour. Project: A central focus of the University of New Brunswick/Humber College

Collaborative Nursing curriculum is community and population health. Eight, third year nursing students, worked with backstretch workers at a racetrack in Toronto. Methods: The Community Health Nursing Process tool was used to frame the health status of the backstretch workers specifically their assets and health risks. With a harm reduction focus, students then worked with the chaplain and backstretch workers to provide health education programs and resources to improve the workers' health. Findings: Health concerns reflected a combination of occupation and social factors related to stress, poor living conditions, substance use, transportation, food security, loneliness, musculoskeletal injury and limited dental services. The racetrack chaplain was a trusted resource for backstretch workers providing emotional and spiritual support and a liaison to the outside community. Genuine love of horses combined with the friendship of co-workers provided a sense of purpose and fulfillment. Implications: New and unique community clinical placements advance practice for community health nursing students. Community health nurses need to create awareness of the backstretch community and advocate for their unmet health care needs and facilitate access to services for them. This abstract fits under the theme of CHN education and role clarity.

Key Learning Outcomes

- Demonstrate the value of how unique clinical placements can advance practice for community health nursing students;
- Demonstrate the need for greater CHN advocacy in the backstretch community.

300B: Geocaching: An Innovative Learning Activity to Enhance Community-based Nursing Student Knowledge

Karen Jenkins, RN, BScN, MSc, CCHN, Sarah Benbow, RN, PhD, Pat Bethune-Davies, RN, BScN, MScN, Fanshawe College

Understanding the complexity and roles of community nurses is often vague and abstract to undergraduate nursing students. Nurse educators are continually challenged with finding ways to contextualize theory learned in the classroom and apply it to real world situations (Kindrik Leh, 2011). The purpose of this learning activity was to assist nursing students to begin to understand the role of nurses in facilitating families' access to community resources enabling them to take action on their health and to advance students' knowledge of the community.

In the context of an increasingly digital world, nurse educators within a undergraduate nursing program created an orientation activity that brings together learning about community, community nursing roles, and Global Positioning System (GPS) cell phone technology based on geocaching. Geocaching is a worldwide activity in which GPS technology is used to pinpoint a location and to hide and seek "treasures". In this adaptation of geocaching, students used their cell phone GPS to locate and learn about various community agencies/ "treasures". Following the geocaching, students completed a "chalk talk" (Brookfield, 2006, 2013) exercise facilitated by instructors that uncovered interesting student insights related to social determinants of health and navigating the system. Students identified and critically reflected on the challenges people face finding and accessing community agencies /resources. As well, they articulated their need, as nursing students working in the community, to be aware of agencies in order to best support families. Engaging students in activities that enhance their confidence, knowledge and attitudes surrounding community health nursing makes learning meaningful and lays a positive foundation for community placements.

Key Learning Outcomes

- Participants will learn how to implement geocaching and chalk talk activities, as well as gain an understanding of the student's initial perspectives surrounding what community and community nursing means.

300C: Community Health Nursing Education: Experiential Learning and Applying Community Assessment Skills

Sylvane Filice, RN, HBScN, MPH, PHD, Lakehead University, ON

Purpose- Community Health Nurses of Canada (CHNC) recognizes the importance of attaining clarity on the scope and roles of community health nursing practice and realize the nursing leadership that is needed to give voice to community health nursing through undergraduate nursing education. In the current learning environment where students crave more learning opportunities in acute care settings, community health nursing is usually not a high

priority for students. One of the key challenges identified by CASN (2006), in public health nursing education is related to the practice environment, so by developing experiential learning opportunities these challenges may be overcome.

Issue- The need to develop inventive ways to strengthen community health content in nursing curriculum is important so that students understand community theory and its application through innovative ways. A creative and experiential approach to learning and the application of the Canadian Community Health Nursing Standards of Practice (CCHNSP) through the use of a Windshield and Walkabout Survey and subsequent presentation through a Pecha Kucha is described.

Findings- Using the Kolb framework of experiential learning from the concrete experience of classroom theory, to the reflective observation in the community, then to abstract conceptualization from the data to the active experimentation with the students presenting the Pecha Kucha. This highlighted key elements of community health assessment and standards of practice and exceeded learning expectations as students were able to adapt and apply observations and recommend meaningful interventions to improve the health of the community.

Recommendations-The experiential application of the CCHNSP will help create interest and develop future competent and confident CHNs. Thus, by discovering community health nursing applications through experiential learning students are in a better position to understand the scope and role of community health nursing practice.

Key Learning Outcomes

- To share innovative teaching and learning to meet undergraduate competencies for community health nursing education.
- To foster the scholarship of teaching and learning through innovation that contribute to excellence in community health nursing education.

300D: Inspiring Nursing Educators to Re-evaluate Health Promotion in Community Health Nursing Curricula

Ania Pawlik, Emma Hutcheson, Elizabeth Shulti, University of Toronto, ON

Issue. As nursing faculties across Canada have been experiencing a steady increase in enrolment, many schools have come to rely on non-traditional clinical placements such as community centres to provide students with community health clinical opportunities (Leurer et al., 2011). Nursing students at these non-traditional placements are often working inter-professionally and are well positioned to engage in broader health promotion strategies (Leurer et al., 2011). However, sites lacking an RN preceptor may result in few opportunities for role modeling, which requires nursing students to make bigger leaps between health promotion theory and practice than they are able to make (Pijl-Zieber et al., 2015). Demands on community health nursing are projected to increase with the shift from reactive to preventative health care, and nursing students need adequate skills to engage in effective health promotion activities (CNA, 2015). Methods. A comprehensive literature review identified limitations in nursing school curricula and existing models that address the theory-to-practice gap. Findings. We will discuss challenges educators face in incorporating health promotion skills-based learning into a community health curriculum. We will explore models of teaching that address the theory-to-practice gap and incorporate practical health promotion strategies into curriculum. We will discuss how our findings relate to the guiding PHC principles and CHNC Standards of Practice. Finally, we will highlight why nursing students are well-situated to engage in health promotion community health placements. Implications. The noted shortcomings of Canadian nursing curricula provide educators and clinical instructors with an opportunity for improvement. A shift towards educational models that incorporate practical health promotion strategies may enhance community nursing knowledge for students in the classroom and in clinical settings. The growing importance of community nursing and health promotion practices requires that nursing curricula be re-examined to ensure the translation of best practices in health promotion work.

Key Learning Outcomes

- Recognize the theory-to-practice gap that currently exists in health promotion curricula in Canadian nursing schools.
- Identify the current challenges faced by nursing students tasked with health promotion in traditional and innovative clinical placements.
- Discuss different learning models that effectively address health promotion strategies for nursing students.
- Identify potential areas for educational curriculum changes to better support nursing students conducting health

Oral Presentations - 301

301A: The Blueprint for Optimizing Health Across Populations Begins Early: An Online Multimedia Prenatal Development Module Mobilizes Current Scientific Knowledge

Tamara Neufeld, RN, BN, Department of Nursing, Red River College, MB, Mia Elfenbaum, BA, MSc, School of Health Sciences and Community Services, Red River College, MB, Jane Bertrand, BA, MEd, University of Toronto, ON, Patricia Gregory, RN, PhD, School of Health Sciences and Community Services, Red River College, MB, Janet Jamieson, BA, MA, Red River College, MB

The Science of Early Child Development (SECD) initiative is a collaborative project between two Canadian higher education institutions and a group of international development agencies seeking to improve access to scientific evidence about the influence of early environments on child development and life-long health. This project includes a variety of innovative online and offline knowledge mobilization resources geared to a range of learning levels. These resources engage practitioners, educators and students through clinical expert and scientist video interviews, interactive activities and games, web-links, animations, readings and text. The newest online module about prenatal development mobilizes information about how the blueprint for healthy child development, life-long health, and ultimately population health is influenced during early development as genes interact with the environment in the preconception and prenatal periods. The Prenatal Development Module includes topics such as the Developmental Origins of Health and Disease (DOHaD), maternal stress, and fetal over-nutrition through maternal diabetes, obesity or excessive prenatal weight gain. Connections between fetal development and the broader maternal context (e.g. maternal social and physical environments) are examined. The module also features research to practice examples of successful strategies and programs. Community health nurses are well positioned to improve long term population health outcomes by integrating scientific discoveries in areas such as epigenetics into the planning and implementation of population health strategies for the childbearing-aged population. Future goals related to the Prenatal Development Module are to measure knowledge acquisition and impact on professional practice.

Key Learning Outcomes

- Explain how an interdisciplinary partnership between nurses and child development professionals may narrow the gap in research to practice through access to current scientific research across a variety of disciplines about the impact of early environments on prenatal development.
- State the importance of gene by environment interactions during the preconception and prenatal periods on life-long health and well-being.
- Describe how a multimedia online tool may be useful in practice and education for community health nursing practitioners as well as nursing students.

301B: Closing the Loop: Enhancing Preconception Health Promotion With an Online PrePregnancy Planner

Shannon Aitchison, RN, BScN, Erica Zarins, RN, BScN, CCHN(c), Middlesex-London Health Unit, ON

In community health nursing, much of the work involves offering health advice or recommendations and asking clients to follow-up with their Primary Care Provider. Clients are often overloaded with information due to the limitations of the traditional tools for social marketing. This fact is never truer than in the area of preconception health. Public Health was challenged with finding a multi-faceted strategy to provide information and recommendations to "people in their reproductive years" in a way that is both meaningful for the client and actionable for the primary care provider. To meet this challenge, the PrePregnancy Planner was created: an on-line self-assessment tool that not only provides education and tailored recommendations, but also provides clients and caregivers with a framework to start the discussion about planning for pregnancy and set individualized health goals. This innovative approach aims to support the continuum of care and bridge the gap between health education delivered through community-based strategies and primary care service delivery. In this presentation, the process of the on-line tool development will be reviewed. The impact of the focus testing, with Primary Care Providers and clients of reproductive age, will be discussed. Evaluation and collaboration with primary care partners within the community will also be highlighted. In addition, we will examine how the PrePregnancy Planner meets the recommendations set out in "Shift - Enhancing the health of Ontarians: A call to action for preconception

health promotion and care" (Ontario Public Health Association, 2014).

Key Learning Outcomes

Participants will learn about the process for developing an on-line self-assessment tool and how we designed the tool to facilitate discussion between clients and primary care providers. In addition, information gleaned from healthcare provider and client focus testing will be shared. Participants will learn how this on-line tool was marketed to the community and how we have reached out to primary care practitioners in the community to promote and use the tool in their practice.

Oral Presentations - 302

302A: Implementing the Nurse-Family Partnership Program in Rural Communities

Karen Campbell, RN, McMaster University, ON, Susan Jack, RN, McMaster University, ON, Karen MacKinnon, RN, University of Victoria

Living in social or economic disadvantage is associated with negative health outcomes for families. Rural and remote living creates additional challenges, particularly for young mothers who may be greatly in need of supportive nursing interventions. Rural residents have poorer health status, fewer available health resources, and greater difficulty accessing health services despite their significant need for primary health care. Public health nurses (PHNs) are ideally positioned to provide care for rural families. The Nurse- Family Partnership (NFP) program is designed to improve maternal and child health through the use of home visits with PHNs. However, the efficacy of the NFP program is unknown within a Canadian context and is currently being evaluated by the British Columbia Healthy Connections Project (BCHCP). Within the context of a larger BCHCP process evaluation, the purpose of this sub-study was to describe the experiences of PHNs implementing the NFP program in rural and remote British Columbia.

Using an interpretive descriptive methodology, semi-structured interviews were conducted with 10 PHNs practicing in rural and remote communities. The findings revealed how geography influenced the delivery of the NFP program in rural communities. Specifically, the contextual factors associated with rural/remote nursing created unique facilitators and barriers to implementing the program. Interestingly, the organizational facilitators mirrored the strengths and challenges associated with the rural/remote families in the program. For example, nurses had challenges communicating with supervisors and with families; however, the flexibility of clients and of supervisors lead to innovative practices that helped to deliver the program with fidelity to the model. Findings offer innovations for nurses working with families in communities with rural geography. They focus on communication and relationship building within nursing teams and with rural clients. The implications of this study may also be important for pedagogy, highlighting the importance of rural/remote nursing education.

Key Learning Outcomes

- Discuss the method, findings, and recommendations from a qualitative study exploring the experiences of nurses implementing the NFP program in rural and remote British Columbia
- Understand the unique experiences of nurses working in rurality
- Explore innovative strategies for practice and education to support nurses working in rural and remote areas

302B: He's Here and He's Gone; He's Here and He's Gone: The Lived Experiences of Mothers in Rural NL Whose Partners Work Away

Pam Moores, BN MN RN CCHN(c), Western Regional School of Nursing, NL, Holly LeDrew, MBA MN RN CCHN (c), Eastern Health, NL, Trudy Read, RN BN MN GNC(c), Western Regional School of Nursing, NL, Moira O'Regan-Hogan, RN BN M.Ed. CCHN(c), Eastern Health

The focus of this study was to discover how new mothers in rural NL within the province made sense of the experience of their partners being away for extended periods of time for work. Through a hermeneutic phenomenological approach, researchers explored the experiences and support needs of these new mothers, and the role of community health nurses in supporting these women and families.

For decades, Newfoundlanders and Labradorians have been going away from home for work; little is known about the impact of such separation on the new mothers who remain at home. As early days and months of mothering can be consumed with anxiety, and compounded by limited family support, it is relevant and crucial for community health nurses, other health care providers and policy makers to understand the impact of commute work

on families and strive to identify and meet informational and support needs.

In 2014-15 researchers conducted interviews throughout the island portion of the province. They heard the challenges and the triumphs of the new mothers they interviewed. The stories are sometimes heart wrenching, sometimes funny, often times admirable and always eye-opening as we captured a glimpse of the lives of some amazing women.

The narrative accounts shared by the women as they try to balance caregiving of children, manage a household, and cope with being a lone parent for extended periods of time, are essential to understanding how community health nurses may be able to provide support and help. It is hoped that this research will direct community health nursing leaders and policy makers to inform practice which may result in better health outcomes for these new mothers, and their families. The presenters will provide some suggestions and thoughts to consider about practical support that can be offered.

Key Learning Outcomes

- Recognize the impact of employment-related mobility on new mothers
- Demonstrate an understanding of how Community Health Nurses may adapt their practice to changing social trends
- Identify potential strategies that Community Health Nurses might consider to help overcome the issues these new mothers are experiencing.

Oral Presentations - 303

303A: CHNA Alberta Certification Sponsorship Project – Increasing the Capacity of CHNs

Genevieve Currie, MN, RN, Mount Royal University, AB, Collette Benbow, RN, BScN, CCHN(C), Alberta Health Services, AB, Rosemary McGinnis, RN, MHSc, Alberta Health Services, Carla Ferreira, MN, RN, CCHN(C), University of Calgary

Since the release of the Blueprint for Action for Community Health Nursing in Canada (2011), Community Health Nurses of Alberta (CHNA Alberta) responded by offering a sponsorship strategy that successfully funded 14 community health nurses (CHN) to obtain their certification in Community Health Nursing. Initiated in 2014, the Certification Sponsorship project supports the goal of increasing the profile of certified CHNs on national and provincial levels. With building capacity, mentorship, leadership, board involvement and membership sustainability in mind, the Certification Sponsorship project has helped CHNA Alberta maintain its presence and even contributed to the increase in its membership. It was an expectation that those who received funding would choose to "pay-it-forward" through future work with CHNA Alberta and/or within the nursing community in ways that enhance the certification mandate. CHNA Alberta continues to offer CHNs a venue to connect, mentor and cultivate professional growth and development through initiatives to improve chances of being successful on the certification exam for CHNs across Alberta in different domains of practice.

In this presentation, participants will gain insight into the benefits of the Certification Sponsorship project as a strategic initiative to support the organization's commitment to establishing and maintaining connections with CHNs in Alberta.

Key Learning Outcomes

- To learn about the CHN certification sponsorship project.
- To discuss the virtual study group, webinars and dropbox options to contribute to exam success.
- To dialogue on the "pay it forward" option to increase membership and involvement in the provincial organization.

303B: Meet Me at the Webinar: An Innovative Strategy for CHN Capacity Building

Karen Parkinson, BScN, RN, CCHN(C), Toronto Public Health, ON, Katie Dilworth, BScN, RN, MHSc, CCHN(C)

Improving access to a range of professional development opportunities to advance capacity of community health nurses (CHNs) is identified in the Blue Print for Action as a key area for action. CHNs face many competing demands that impact their ability to participate in knowledge transfer events. This organization was challenged to increase accessibility of innovative education events. Nurses were asking for webinars. The Nursing Practice Council accepted the challenge, despite its lack of availability in the organization. The Professional Practice Leader and Supervisor of Nursing Quality Practice lead collaborative action with the Community/Public Health Outreach

Consultant from the provincial nursing regulator to develop an innovative knowledge translation strategy on developing learning plans consistent with organizational and nursing regulatory requirements.

The use of webinars is a new innovative way to reach CHNs and decrease barriers nurses face attending professional development events. Also recognized were the opportunities to increase organizational effectiveness with this tool.

Collaboration with the Information Technology unit, a Health Promotion Specialist, and experts in webinar technology enabled success. Each contributed valuable expertise to help launch the first ever nursing webinar. A participatory approach included utilization of a variety of interactive components which engaged participants before and during the webinar. Despite challenges, an overwhelming number of nurses participated in the webinars. Evaluation indicated a very high level of satisfaction.

Being innovative is about taking risks and working outside of our comfort zone. Implications for practice include: the use of webinars increased participation significantly; nurses are able to identify professional development needs; partnership with the provincial regulatory body facilitated knowledge transfer related to nursing regulatory requirements; increased visibility of nursing professional practice; and increased organizational capacity to use technology.

Key Learning Outcomes

- Participants in this session will learn about planning an innovative capacity building strategy for CHNs.

Oral Presentations - 304

304A: Stigmatization of Smokers: the Contribution of Community Health Nurses to the Imperatives of Social Justice

Geneviève McCready, University of Ottawa, QC, Katherine Frohlich, Institut de recherche en santé publique de l'Université de Montréal, QC, Nicole Glenn, Institut de recherche en santé publique de l'Université de Montréal, QC, Josée Lapalme, Université de Montréal, QC

Overall smoking prevalence in Canada has dramatically declined over the last few decades, making tobacco control efforts an icon of public health success. Nevertheless, social inequalities increasingly differentiate smoking behaviour. Today, smoking is disproportionately concentrated among sub-groups of the population that also experience deprivation. Some public health researchers are interested in understanding why these inequalities exist and their research has revealed the contribution of tobacco control in producing and reproducing social inequalities in smoking. The transformation of social norms regarding smoking represents a key in tobacco control strategies. These have changed in recent years since the introduction of legislations to ban smoking in public and some private spaces, contributing to the de-normalization of smoking. Smoking is now portrayed as an undesirable activity and persistent smokers fall outside acceptable social norms. Ethical concerns and empirical evidence in scientific literature point to the risk of stigmatizing smokers. Stigma has been recognize as a determinant impeding population health, especially among marginalized communities. In this presentation, we will look at the meaning ascribed to smoking from the perspective of different social groups and the influence of tobacco control, for example smoke-free legislations and media campaigns, on stigmatizing and marginalizing certain social groups of smokers. Findings from Montreal studies looking at the experiences of smoking and smoking-related stigma among young adults will be presented, as well as a study from Montreal and Vancouver on the role of public health practitioners in smoking-related stigma. Since community health nursing is grounded in social justice, CHNs can contribute to decreasing social inequalities in smoking through their influence in the delivery or implementation of anti-smoking programs, campaigns and/or legislations. We will outline how CHNs can participate in the development of more equitable tobacco control strategies through a reflexive and critical approach.

Key Learning Outcomes

- In this session, participants will learn about social inequalities in smoking and the unintended effects of tobacco control. It is an opportunity for community health nurses (CHN) to reflect on the intersection between the meaning of smoking and context of living of smokers.
- CHNs will gain a greater critical perspective on tobacco control and understanding of their contribution to their role in social justice and reduction of social inequalities in smoking.

304B: 5 Years In: Examining the Evolution of the SDoH Public Health Nursing Role in Ontario

Sue French, RN, MHM, Peel Public Health, ON, Tracey Gordon, RN, BScN, MHST, Middlesex London Health Unit, ON, Melissa Biksa, RN, MSc, Peel Public Health, ON, Claire Betker, RN, MN, PhD(c), CCHN(C), Manitoba Health, MB, Sume Ndumbe-Eyoh, National Collaborating Centre for Determinants of Health, Charmaine McPherson, RN, PhD, St. Francis Xavier University

The Social Determinants of Health (SDoH) public health nursing initiative is an initiative made available to health units by the Ontario Ministry of Health and Long-Term Care. This initiative provides two public health nurse full-time equivalents to increase organizational capacity to address SDoH and health equity within the 36 provincial health units.

An examination of the implementation of the SDoH public health nurse roles was completed by the National Collaborating Centre for Determinants of Health and St. Francis Xavier University in 2014. Study findings recommended continued development of cross-cutting equity positions for public health nursing to further advance health equity agendas. Other recommendations focused on the enhancement of health equity knowledge and skills for the public health workforce, reduction of the gap between provincial policy and local implementation, and building organizational capacity to integrate health equity into broader public health work.

The study findings will form the basis of discussion as two Ontario health units share their organizations' processes for evolving the SDoH nursing role from direct client service to a centralized role focused on capacity building, integration of health equity and application of the public health nursing competencies. The presenters will share the successes and challenges of integrating this role and the importance of these nursing roles in building health equity in health units.

This presentation will be valuable to public health managers, policy makers and public health nurses. The session will demonstrate an integration of evidence from the province-wide study in ongoing evolution of health equity public health nurse roles. We provide real-world implications, examples and lessons learned from individual health units in the use of specialized nursing roles to address health equity.

Key Learning Outcomes

- Participants will be given real-world implications, examples and lessons learned on the implementation of specialized nursing roles to address health equity.
- The presentation will be valuable to those in public health to see the integration of evidence from a province-wide study, and application of public health nursing core competencies to drive forward a health equity agenda in a local public health unit.

. Oral Presentations - 305

305A: A Culturally Sensitive Anti-hypertensive Dietary Education Intervention for Chinese Canadians in the Community: The DASHNa-CC Study

Ping Zou, RN, PhD, School of Nursing, Nipissing University, ON, Ruth Lee, McMaster University, ON, Cindy-Lee Dennis, University of Toronto, Monica Parry, University of Toronto

Background. There is a lack of culturally sensitive dietary interventions targeting Chinese Canadians despite the fact that an unhealthy diet has been identified as the most important modifiable risk factor for hypertension in the Chinese population. The primary objective of this pilot trial was to determine the feasibility and acceptability of a culturally sensitive dietary intervention for hypertension control for Chinese Canadians in a community setting. Secondary objectives were to examine the potential effects of the intervention on blood pressure, health-related quality of life, and health service utilization.

Methods and Results. A two-group pilot randomized controlled trial enrolled 60 Chinese Canadians with grade one hypertension at a single community site in Ontario. The control received usual care and the intervention group received usual care plus the DASHNa-CC intervention. The DASHNa-CC intervention consisted of two classroom and one telephone sessions to provide healthy dietary and sodium reduction advice, integrated with Traditional Chinese Medicine food therapy recommendations. Participants adhered well and were highly satisfied with the intervention. The lost to follow-up rate was 5%. At week eight post randomization, compared to the control group, the intervention group decreased 3.8mmHg [t(55)=-1.58, p=0.12] more on systolic blood pressure and 2.4mmHg [t(55)=-1.22, p=0.23] more on diastolic blood pressure, and significantly improved in the physical component score [t(55)=2.13, p=0.04] of the SF-36v2. There was no group difference in health care utilization.

Conclusions. These preliminary results suggest that it is feasible to deliver the DASHNa-CC intervention in a Chinese Canadian community and this intervention has potential to decrease blood pressure, and improve

health-related quality of life for Chinese Canadians. A significantly powered trial should be undertaken to further investigate the effectiveness of the DASHNa-CC intervention.

Key Learning Outcomes

- Understanding the significance of hypertension among Chinese Canadians in community
- Sharing the experiences of developing a culturally sensitive nursing intervention
- Understanding the nursing roles of hypertension control in community

305B: Improving Health: My Way

Melissa Edwards, BN RN CCHN (C), Janet Fisher, BN, MN, Priscilla Corcoran Mooney, MSW, RSW, Eastern Health, NL

Chronic disease prevention and management continues to be a priority for organizations hoping to improve health outcomes across the country. Our organization has developed a comprehensive chronic disease prevention and management strategy that is reflective of the dynamic nature of our population and communities. A key component of this strategy includes providing opportunities for successful self-management of chronic conditions. In that vein, we have offered "Improving Health: My Way" to individuals in our region since 2011. Based on Stanford University's internationally recognized chronic disease self-management program, "Improving Health: My Way" uses a participatory, community-based approach to:

- Foster mutual support and success
- Build participants' confidence in their ability to manage their own health
- Encourage participants to be active and help people put knowledge into action

From the program's inception to December 2015, 61 workshops have been offered in Eastern Health's rural and urban communities with 562 people completing the program and reporting enhanced skills and confidence related to successful self-management. Province-wide, 173 workshops have been offered with approximately 1500 participants completing the program during this period. A provincial report released in 2015 concluded that "Improving Health: My Way" positively impacted the health status and health behaviours of participants and could potentially impact health care utilization.

Led primarily by 40 lay leaders trained by the organization, the evolution of this program and its success has been positively influenced by nurturing intersectoral collaboration. Community partners have shared their time, expertise, connections and infrastructure to build this program. We hope to share with conference participants the successes and challenges experienced in the implementation of this program and how these nuances speak to the necessity of intersectoral and interdisciplinary collaboration.

Key Learning Outcomes

Enhance knowledge and awareness of the successes and challenges of implementing the Improving Health My Way program and the necessity of intersectoral and interdisciplinary collaboration.

Interactive Workshop – 306

How to Choose a Public Health Ethics Framework

Olivier Bellefleur, Michael Keeling, National Collaborating Centre for Healthy Public Policy, QC

All public health practitioners and decision makers encounter issues in their work that have ethical implications. PHAC has identified the ability to use public health ethics with respect to self, others, information and resources as a core competency for the practice of public health in Canada. In this largely discussion-based session, we will focus on getting to know public health ethics frameworks. After identifying what ethics frameworks can help us to do, we will present some of the principal features of frameworks: the main lines along which they are similar to or different from one another. To do this, we will examine two frameworks (their orientations, methodologies, practical guidance, areas of applicability, the values they highlight, etc.) as a guide for analyzing frameworks more generally. The bulk of our time will be spent applying these two frameworks to a case study. Through this exercise, we will practise applying ethics by exploring the cases ethical implications; we will compare the frameworks in terms of the issues they highlight; and we will reflect on how identifying a frameworks features can help us choose one for a given situation in our own practices.

Key Learning Outcomes

- Identify and explore the key features of public health ethics frameworks and the practical, methodological, and philosophical lines along which frameworks vary.
- Practice analyzing ethical issues by applying two distinct public health ethics frameworks to a case.
- Interpret what features and what frameworks function best for the practitioner's particular context.

3:00pm – 3:30pm **Refreshment Break**

3:30pm – 4:30pm **Panel Discussion: Making Connections at Every Stage of Your Career**

The tagline for the conference this year is Making Connections and panelists will highlight the many opportunities for making connections in community health nursing including inter-disciplinary and intersectoral. These panelists will explore this topic through the lens of intergenerational connections and will provide examples of how we can make the most of what each cohort brings to the conversation.

4:30pm – 6:00pm **CHN Nurse Educators Meeting**
Open invitation to undergraduate nurse educators.

4:30pm onwards **Free Time to Explore St. John's**

6:30pm – 10:30pm **Optional Spirit of Newfoundland Dinner & Show:**
“Skeets, Snobs & Peppermint Nobs”

Fee: \$70 +HST

Join fellow conference participants for this optional dinner theatre evening. Your ticket price includes the meal (with a starter, choice of entrée and dessert), a wonderful musical theatre production and all gratuities.

Spirit of Newfoundland takes us back to a time when the Ryans and the Pittmans ranted and roared and Dr. Chase and cod liver oil got us through the hard, hard times. Elsewhere in the world, the twenties were roaring and the thirties were dirty. Here at home, Gerald S. Doyle was creating the beloved Newfoundland songbooks. Now, decades later, fans around the world are clapping their hands and stomping their feet to the music of Newfoundland! Skeets, Snobs & Peppermint Nobs

The dinner theatre is located in the historic Masonic Temple, built directly after the great fire of 1892, it is historically rich and architecturally beautiful, located downtown St. John's, a 15 minute walk from the Delta hotel. Members of your hospitality committee will lead the way.

Wednesday June 1st

Time & Location	Event
6:00am – 7:00am	Optional Walk/Run
Prepare your body, mind and soul for a day of learning and join members of your Hospitality Committee for an invigorating early morning walk or run through the beautiful streets of St. John's.	
7:30am – 2:15pm	Registration/Information Desk Open
7:45am – 8:45am	Breakfast & Volunteer Recognition/Awards Presentation
An opportunity to network and celebrate CHNC volunteers and leaders.	
9:00am – 10:00am	Breakout Sessions 4

Short Presentations - 400

400A: Inner City Child and Community Care and Intersectoral, Interprofessional Education for Community Health Nursing Students

Dorothy Cumming, RN, MSN, British Columbia Institute of Technology, BC

In an inner city community children lose access to the community centre's breakfast program when they move from elementary to high school. Community health nursing practicum students worked in an interprofessional and intersectoral partnership to plan, implement and evaluate a series of workshops designed to ease this transition by increasing the grade 6/7 students (a) self-sufficiency to prepare nutritious breakfasts and (b) likelihood of continuing to eat nutritious breakfasts. The partnership included the inner city schools' grade 6/7 teachers and the adjoining community centre's Food Security Coordinator and Breakfast Program Coordinator.

Each term our nursing school places two student nurses at this elementary school and the community centre for the 2 days/week, 15 week community health nursing practicum. Our students learn about, from and with elementary school teachers and community centre staff to enable effective collaboration and, hopefully, improve health outcomes. They practice community health nursing practice in the real world situation of inner city community care.

The student nurses' work within the community centre's Breakfast Program, After School Adventure Program and the elementary school informed each stage of the Breakfast Workshop initiative. The nursing students entered into the community, became known and came to know individuals, families, grade 6/7 classes, the school-, the community centre-, and the community as-client. They identified the common goal of educators, community centre staff and community nursing to support healthy child, family and community development.

The Breakfast Workshop series provides the grade 6/7 students with a strong foundation for success in the Food Safe Level 1 program which will be offered within the elementary school to interested grade 6/7 students. This certification increases future employment opportunities for these children, many of whom live in vulnerable or disadvantaged family situations. The intersectoral, interprofessional collaborative action addressed important determinants of health and may improve health outcomes.

Key Learning Outcomes

- Be inspired to create interprofessional/intersectoral education opportunities within community health nursing practicum;
- Understand the instructor's role to move interprofessional/intersectoral collaboration to interprofessional education;
- Recognize interprofessional/intersectoral education as a vehicle for change, a vehicle for communities to expect CHNs to work to full scope of practice for the health of communities.

400B: Community Health Nursing Placements: Striving for Quality Learning Environments

Yvonne Lawlor, RN MEd, Olive Wahoush, RN PhD, McMaster University, ON

The MOHLTC of Ontario (2015) identified that future health-care in Ontario will focus on integrated community based care with more care at home and in the community. National reports suggest that nursing graduates are not

competent for entry-level practice in the community (CASN, 2010) and that the need to replace retirees in community health is increasing (Schofield et al 2011). In our BScN program students are exposed to community health nursing concepts as they complete community embedded learning courses from years one to three. However, feedback indicates wide variation in learning experiences for students.

Objective, to examine key factors that influence the quality of student learning experiences in community health placements.

An exploratory descriptive design was employed. Indicators of quality community placements were identified from the literature and data sources included placement databases, student survey, faculty interviews and summative course evaluations. Data analysis is in progress, using GIS mapping systems, descriptive statistics, and content analysis of qualitative data. These analyses will generate detailed descriptions of the community health learning environment and student experience.

Findings will identify the features of quality community health professional practice placements that enhance the BScN student learning experience; inform BScN program planning and identify additional or alternative student placement opportunities in the community.

Strengths and Limitations, The study included basic, accelerated and post-RPN students and an interdisciplinary project team of individuals with backgrounds in nursing, geography and community engagement. A limitation is the focus on one BScN program in one metropolitan area.

The structures and processes developed for this study have potential to enhance student learning related to community health nursing by creating a sustainable system for monitoring student learning experiences. Evidence from this study will inform decisions to promote the best possible educational placements to meet core competencies of community health nursing practice.

Key Learning Outcomes

- one approach to evaluating undergraduate preparation opportunities for community health nursing.
- to capitalize on interdisciplinary expertise,
- to present data in non traditional ways such as maps which can identify areas of student concentration and those priority communities that remain underserved.

400C: Fostering Baccalaureate Nursing Students' Interest in Community Health Nursing

Josephine Etowa, PhD, RN, RM, FWACN, University of Ottawa, ON, Maame Akyaa Duah, RN, MsN, Faculty of Health Sciences, School of Nursing, ON, Dr. Nana Boadu, PhD, University of Ottawa, ON

Background: There has been an increasing shift in patient care from the acute hospital setting to the community. Nurses play an essential role as part of the community health care workforce; however, only a limited number of baccalaureate nursing students tend to pursue CHN after graduation. There is currently a gap in knowledge surrounding nursing students' perceptions of pursuing community health nursing (CHN).

Purpose: To explore issues that influence career choice in CHN from the perspective of baccalaureate nursing students.

Research Methodology: The study was guided by a descriptive qualitative research approach. Individual semi-guided interviews and focus groups were conducted with 11 nursing students and a group of key stakeholders to share their thoughts on pursuing a career in CHN and the factors that enabled or hindered their decision making. Thematic analysis of the interview and focus group data generated relevant themes.

Findings: Five major themes were revealed from study. These are 1) defining CHN, 2) the clinical practicum experience, 3) stereotypes of CHN, 4) societal trends and expectations, and 5) issues influencing career choice in CHN.

Discussion and Implications: The factors influencing the perceptions and attitudes of students towards pursuing CHN were discussed, including the barriers and motivators to pursuing CHN. The underrepresentation of new graduates in CHN calls for directed efforts by CHN organizations and the university to improve the situation. Conscientious efforts need to be made to provide students with knowledge and information surrounding the roles of CHN and the opportunities for nursing students and nurses in CHN settings.

Conclusion: There is a need to increase awareness about community health nursing in order for nursing students to understand the importance and impact it has on the health status of communities and healthcare delivery infrastructure. Nursing education programs would be an ideal platform for this awareness-raising

Key Learning Outcomes

- to learn about the perceptions, knowledge, and attitudes of baccalaureate nursing students about a career in community health nursing;
- to understand the issues that influence the interest in and the choice of baccalaureate nursing students to pursue community health nursing; and
- to identify ways that increase motivation and awareness of community health nursing among undergraduate student nurses

400D: Community Clinical Placement in College Setting Yields Policy Development, Student Empowerment and Real World Experience

Denise Kall, RN BN MPH, St. Lawrence College, ON

Amidst pressures to provide quality clinical placements for BScN students, innovative options can be implemented in a community college setting. Assessment of health needs of population aggregates is an integral aspect of community health nursing. Nursing students can assess and intervene in the diverse health promotion needs of post-secondary students.

Having BScN students complete a community health clinical placement on their college campus has yielded a variety of nursing interventions to help meet identified needs. Based on the Community as Partner Model, Year 3 BScN students assessed the health needs of student aggregates. Within one college program, nursing students identified the possibility of increased transmission of illness based on use of equipment and access to hand hygiene facilities. In addition to a hand hygiene education intervention, students developed policy to reduce spread of infection.

Intervention within one college program generated investigation of needs of BScN students as a separate aggregate. Students identified the need for a students' association in order to increase social support and networking of a professional nature within their program. Students initiated action to create a campus nursing student association. In a separate placement, students had the opportunity to work on a funding proposal to create learning modules for nursing students related to Occupational Health & Safety (OHS). This included a self-advocacy module so that students could be comfortable to ask about potential workplace risks during their clinical placements. Students will carry this OHS knowledge with them into the workforce as registered nurses.

When assessment of the health needs of an aggregate form the basis of a college-based community clinical placement, the outcomes may not be prescribed but the learning opportunities can provide a wealth of practical experience for students. Participants will discover how population assessment drives an innovative community clinical placement. Subtheme: Community Health Nursing Education

Key Learning Outcomes

Participants will discover how population assessment drives an innovative community clinical placement for BScN students

Oral Presentations - 401

401A: Utilizing Strength Based Nursing Approach in Undergraduate Community Curriculum to Successfully Accomplish Two Strategies: Environmental Health Assessment and a Primary Prevention Project with Underserved Diverse Populations

Francoise Fillion, MScN, Diana Gausden, RN, SCPHN, CPNP, Ingram School of Nursing, QC

Introduction: Gottlieb's Strength-Base Nursing Approach (2013) has been adopted and applied extensively with individuals/families in multiple different settings. However, this worldview has been rarely used with populations and community health. We will demonstrate that this strong positive framework is well suited for community and very rewarding to use.

Methods: This presentation will review how the 8 values of the strength based nursing framework: health and healing; uniqueness of the person; holism and embodiment; objective/subjective reality and create meaning; self-determination; person and environment are integral; learning, readiness and timing; collaborative partnership between nurse and person can be fluidly integrated within two undergraduate community curriculum strategies: environmental health assessment and a primary prevention project with underserved populations.

Results: The integration of the strength based nursing care values will be described with exemplars of the reality of the environmental health assessment and its usefulness to accomplish a primary prevention project. For example, the value of uniqueness of the person/community is revealed through systematically exploring the

environment surrounding a community organization to discover its uniqueness and to consider it in developing an authentic partnership with a specific underserved population. Furthermore, this value contributes to the creation of a primary prevention project where the assessment of the uniqueness of the needs of an underserved population will produce a project based on strengths.

Conclusion: Working with a strength based nursing perspective in community and revealing its 8 values through an environmental health assessment and the creation of a primary prevention project with underserved populations exposes the usefulness of the approach and its important adaptability to successfully achieve two main strategies of a health promotion project. Moreover, this approach helps students experience leadership in practice outside traditional settings and be change agents in collaboration with existing resources, two essential components of the Blue Print for Action.

Key Learning Outcomes

- Provide the integration of the strength based nursing framework with populations and community health
- Provide the integration of the strength based nursing framework with two strategies: environment health assessment and a primary prevention project with undeserved populations.

401B: Using Pearson's Neighbourhood to Transform Community-Based Health Care Education

Laralea Stalkie, RN, MSN, St Lawrence College, ON

Pearson's "Neighbourhood" influences and enhances learning outcomes in community healthcare education of nursing students. This presentation showcases how the innovative, on-line educational Neighbourhood program allows students to connect determinants of health theory and concepts and health status challenges within the clinical community setting. Patient experiences unfold narratives and interactions amongst more than 36 characters, 11 households, and 6 nurses in a virtual community. Storylines include client background, medical records and text to highlight the circumstances that surround and affect the health of the community members in The Neighbourhood. More than 700 pre-built assignments and activities help faculty integrate media-rich cases into lecture and lab

This presentation focuses on the use of the Neighbourhood in community health nursing education. Participants will appraise how this tool can assist to provide living examples and use of theoretical knowledge. Using the Neighbourhood enhances the emerging nurse's application of classroom theory to clinical practice.

Key Learning Outcomes

- Participants will have the opportunity to consider how the process of interpretive pedagogy, story telling, case studies, and standardized patients can draw meaning from the character experiences who live in the virtual community of the "Neighbourhood".
- Participants will observe the application of "The Neighbourhood" into Community Health Nursing curriculum, with practical examples that enhance student learning to clinical and situational contexts

Oral Presentations - 402

402A: Health System Transformation – Improving Capacity for Health Equity Action in One Ontario Health Unit

Karen Graham, RN, BScN, MScN, North Bay Parry Sound District, ON

The consideration of health equity is fundamental to addressing the needs of priority populations in a community. There is a need to understand why inequities exist; how programs and policies support or challenge the opportunity for priority populations to reach their full health potential. The North Bay Parry Sound District Health Unit (NBPSDHU) in Ontario is committed to this goal, integrating the lens of health equity into annual planning through the implementation of the Health Equity Impact Assessment (HEIA) and forming a steering committee. The NBPSDHU has tasked the SDoH PHN roles to lead these initiatives.

This project will involve implementation of a conceptual framework, the Organizational Capacity for Public Health Equity Action (OC-PHEA) (Cohen et al., 2013). It can be used to support organizational capacity, identify where advocacy and education are required and improve the impacts of programs, services, and initiatives that endeavor to better address the needs of area populations. The OC-PHEA will provide guidance and direction to the NBPSDHU SDoH Committee as it strives to support improved integration of health equity concepts organizationally.

Led by the SDoH PHNs, this project will explore experiences, challenges and rewards of the framework implementation.

Project outcomes will ultimately be determined by improved organizational internalization of health equity values as evidenced by development of more equitable activities. Outcomes for priority populations will be measured by indicators developed by programs and services across the organization. The findings will outline areas for improvement and provide insight for others considering introducing methods to enhance capacity for health equity action in their practice.

This presentation will explore the learnings, challenges and rewards experienced during the early stages of this organizational implementation of the OC-PHEA framework and how public health nurses can lead and contribute to shaping the lens on health equity in a community setting.

Key Learning Outcomes

- To understand the unique role of two Social Determinants of Health (SDoH) public health nurses (PHN) facilitating organizational health equity advocacy in one Ontario public health unit.
- To gain awareness of a nurse-developed conceptual framework of Organizational Capacity for Public Health Equity Action (OC-PHEA) and how it was applied across an organization.
- To identify the challenges and rewards of applying the OC-PHEA framework to public health strategic planning.
- To facilitate consideration of health equity and of possible implementation of the OC-PHEA framework, or elements of it, into other CHN practice settings.

402B: Integrating Health Equity Principles in Community Health Nursing Practice

Josephine Etowa, PhD RN RM FWACN, Dr. Nana Boadu, PhD, University of Ottawa, ON

The WHO (2010) defines health inequalities as: differences in health status or in the distribution of health determinants between different population groups. When these health inequalities are seen to be avoidable and unjust, the term health inequities are used. Health inequities within and between populations are the result of complex interactions between biological, lifestyle, environmental, social and economic circumstances - the determinants of health. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. Thus, efforts to effectively address health inequities, we must address all the dimensions of health equity. These dimensions include social determinants of health, human rights, anti-oppression and cultural competence and cultural safety. Community health nurse have a responsibility to address health equity issues in their everyday practice through policies, program implementations and service delivery at the practitioner level.

This paper will present the findings of a recent literature synthesis which provides a concept map of the key dimensions of health equity that should be embedded within best practice models of equitable health services. These dimensions include social determinants of health, human rights, anti-oppression and cultural competence and cultural safety. Health equity provides the lens necessary to understand how these dimensions are implicated in health and how community health and social service practitioners can incorporate address them into their work. The paper will conclude with intersectionality as an approach for understanding and incorporating health equity in community health nursing practice. Community health nurses have a responsibility to address health equity issues in their everyday practice through policies, program implementations and service delivery at the practitioner level.

Key Learning Outcomes

- To describe dimensions of health equity.
- To identify best practice modules for health equity in community health service providers.

Oral Presentations - 403

403A: What is the Role of Nurses in Primary Care and Public Health Collaboration?

Monica Swanson, RN, BScN, University of British Columbia, BC

Background. British Columbia is looking to improve its delivery of primary care (PC). Collaboration between PC/Public Health (PH) systems has been suggested to improve system performance and overall population health. Utilizing nurses in PC/PH collaboration has been suggested in recent pan-Canadian studies, though nurse's role and function in PC/PH collaboration is unclear. I propose that the study data will show that nurses are care providers

that can be utilized to provide health promoting, preventative care within a collaborative PC setting, and that by working together on PH objectives, access to coordinated quality care will be increased especially by vulnerable populations.

Method. This thesis uses a descriptive and exploratory study design and will move from a broad perspective of collaboration between PC and PH to a specific focus on nurse's role in collaboration between PC and PH. A scoping review of collaboration between PC/PH and nurses role will be conducted, along with focused interviews with key informants to identify, explore, and explain collaboration between PC and PH and nurse's role. Knowledge translation and dissemination of findings will be done through conference presentations and peer-reviewed literature. Consultation with key informants throughout the scoping review will be essential to critique the credibility of the data and will inform the interpretation of the data and the final understandings.

403B: Provincial PHN Standards for Prenatal, Post-partum, and Early Childhood Practice

Cheryl Cusack, RN, PhD, Winnipeg Regional Health Authority, MB

Project Purpose: The Manitoba Public Health Managers Network identified the need for a consistent provincial approach to Public Health Nurse (PHN) activities in the prenatal, postpartum, and early childhood periods. Provincial guidelines did not exist which had resulted in a lack of consistency and variable expectations in PHN core functions across regional health authorities, ultimately with potential to contribute to unsafe service delivery.

Action: The objective was to develop standards for prenatal, postpartum, and early childhood PHN practice across Manitoba. PHNs are ideally situated to positively influence health and reduce inequities during their interactions with families. The 3 year process included stakeholder input through provincial consultation and Delphi survey, with PHNs, leaders and decision makers.

Conclusion: The standards and indicators of PHN practice were finalized in 2015. The use of Canadian tools and documents defining the PHN role was essential to standards depicting the full scope of PHN practice in prenatal, postpartum, and early childhood. The importance of defining a PHN role in population health and equity was essential. The involvement of direct service PHNs, managers, and the advisory group was critical to project success.

Key Learning Outcomes

- The standards are intended to establish provincial benchmarks for collecting data and measuring workload, to ensure adequate human resources for safe and effective public health nursing care and provide greater provincial consistency in public health services.
- The development of documents articulating core PHN functions provides role clarity and contributes to quality client care.

Oral Presentations - 404

404A: Public Health Nursing: What Difference Does it Make for Priority Perinatal Women?

Mary Hill, PhD(c), MEd, BScN, RN, University of Victoria, BC

The purpose of this doctoral research project is to investigate how routine public health nursing (PHN) practice affects health outcomes related to breastfeeding initiation and duration, infant immunizations, and maternal tobacco use within the population of perinatal women who are a high priority for PHN services. Additionally this study will explore how the context of the work environment influences PHN practice, and ultimately the achievement of those outcomes.

Through the use of a mixed methods single embedded case study design, I will be studying public health nursing practice, as it exists day-to-day, amidst the array of ever changing organizational influences.

Quantitative data will be collected from the electronic documentation tool used by PHNs to record information from client encounters over a two-year period. A retrospective review of this administrative data will examine outcomes at 24 months post partum. Qualitative data will be collected through interviews with PHNs and PHN leaders who have been involved in the support or delivery of perinatal service in any of the three health areas being examined. Quantitative and qualitative findings will be collected independently, and when finalized, will be placed in juxtaposition to each other in order to confirm, refute, or modify each other (Sandelowski, 2014).

Data collection for this research project was started in October 2015, and results should be available by spring 2016.

Data from the electronic client health record regarding breastfeeding, tobacco use, and infant immunizations

outcomes, along with input from PHNs and PHN leaders regarding the context of service delivery may provide a better understanding of the effect of routine PHN involvement with the population of priority perinatal women and their families.

It is important to recognize the effect of routine PHN practice because this is the reality in which service is delivered, and program plans are developed.

Key Learning Outcomes

- gain a better understanding of the value of routinely collected data to assess client outcomes.
- discover the importance of context in assessing administrative data.
- learn how enhanced PHN contact with priority perinatal women can affect breastfeeding, infant immunizations, and maternal tobacco use.
- recognize how organizational factors can affect the work of PHNs in supporting priority perinatal women.

404B: The "Good" Mother: Experiences of Canadian Adolescent Mothers in Rural Communities

Karen Campbell, Public Health Nurse, McMaster University, ON, Corinne Hart, RN, Ryerson University, ON

Adolescent mothers and their children are at risk for suboptimal health outcomes making adolescent motherhood a public health concern. For mothers living in rural communities, the negative effects of adolescent motherhood may be exacerbated by the health risks associated with rurality. However, the experiences of rural-living adolescent mothers are not well understood. The purpose of this narrative study was to contribute to filling a gap in the literature by exploring the experiential accounts of adolescent mothers parenting infants under a year of age and living in a rural community. Using Lieblich, Tuval-Mahiach, and Zilber's (1998) narrative methodology approach, the experiential accounts of three rural-living adolescent mothers were explored.

Reflecting Goffman's (1959) presentation of self, the findings of this study revealed how adolescent mothers attempted to construct and present their notion of being a good mother, while coping with complicating rural factors. The need to present as a good mother, the lack of anonymity associated with rural living, and geographical barriers had particular implications for the way in which adolescent mothers access and use professional and personal supports. Maintaining relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics, was important for study participants.

There are a number of specific implications for education, practice, and policy resulting from this study. Given the complexities associated with rural nursing and the challenges of adolescent mothers, providing nursing care in a holistic and comprehensive manner is important. As such, it is relevant to describe how the findings of this study can inform nursing and thus support rural-living, adolescent mothers. Implications for nursing include considering relationship-based, strength-building programs with rural adolescent mothers; promoting social networking through online/text; incorporating rural nursing into education programs; the use of narratives as a pedagogical tool; and the development of health policies supportive of adolescent mothers.

Key Learning Outcomes

- Discuss the method, findings, and recommendations from a narrative methodology study focusing on adolescent mothers living in rurality
- Understand the unique experiences of Canadian adolescent mothers living in rural communities
- Explore strategies for education, practice, and policy to support rural-living, adolescent mothers

Oral Presentations - 405

405A: Evaluating Usability: Clinical Documentation Systems in Community Care

Kartini Mistry, RN, BScN, MHI, Catherine Chater, MSc, OT Reg (Ont), VHA Home Healthcare, ON

Electronic medical records have the potential to transform community healthcare by improving care coordination, quality of care, patient safety and reducing inefficiencies. Despite the known benefits, the implementation of these systems has faced numerous challenges including poor workflow integration and end user adoption which suggests inadequate investment into interface design and build of the software. A study was conducted at VHA Home Healthcare which evaluates the ease of use of a clinical documentation system as part of an iterative development cycle and acts as a case study demonstrating the value of early end-user engagement in designing quality-based

systems.

A low-fidelity testing environment mimicking a community environment was setup, where clinicians used the system by going through a series of tasks that were identified as critical elements of their current workflow. Observational techniques, retrospective audio analysis and participant surveys were used to qualitatively evaluate the system according to predetermined usability criteria and best practices. Through the usability testing process key deficiencies pertaining to ease of use, safety and quality were identified which resulted in numerous system requirements.

The usability study also provided valuable information on the utilization patterns of Clinicians in the community, the process of documenting as well as identified unique nuances of the point of care environment all of which would have been undiscovered had end users (i.e. community service providers) not been given the opportunity to participate.

In conclusion, it is essential that clinicians play an active role in the selection, design, deployment and evaluation of health IT solutions and advocate for solutions that integrate with their current workflow, practices and needs at the point of care. It is vital for nurse leaders to recognize the unique community landscape by providing encouragement and incentives for nurses' involvement in Health IT by ensuring there are several opportunities for participation.

Key Learning Outcomes

- To develop awareness of the need for and benefits of end-user engagement in designing effective clinical documentation systems
- To Identify the use of Usability Testing methods in validating system design
- To develop familiarity with evidence based best practice guidelines and heuristics for clinical applications

405B: Supporting Care: Developing a Strategy for E-Integrated Care Plans

Jane Sparkes, RN, Canada Health Infoway, ON

Background

A broad coalition of national stakeholders has initiated the advancement of electronic integrated care plans (eICPs) in Canada. The topic of an eICP was ranked at the highest level of importance and clinical value by clinicians at a recent Peer Leader Symposium. An early step in this initiative included an environmental scan, and stakeholder engagement with the aim of advancing eICPs.

Findings

It was challenging to understand the specific nature of care plans that used an electronic platform, as well as the impact of care plans on health outcomes. However, it is clear that integrated care plans are tightly intertwined with various clinical tools and processes; that is, care plans rely on these processes and tools for implementation, and in order to make impact on any particular health outcome or measure.

Conclusion

The eICP journey is in its early stages. Clinicians must be engaged from the outset to identify what their needs are so that 'form follows function', meeting the needs of Canada's clinicians to ensure effective adoption and integration of eICPs into practice and patient-centered care. The National Survey of Canadian Nurses: Use of Digital Health Technologies in Practice, reveals that only 3% of nurses claim high level of consultation on the use of electronic clinical information systems in practice and only 40% feel that they are adequate for their role. The pan-Canadian Nursing EHR functionality requirements define basic business rules and clinical functions to support nursing practice and contribute to reaching the preferred practice state. Advancing eICPs will require leadership, partnerships and various types of supports including communication and collaboration with stakeholders and managing change in complex health care environments. Ultimately, Canadians will benefit from a patient-centric record that involves their entire circle of care.

Following the presentation there will be a discussion on e-ICP.

Key Learning Outcomes

- knowledge sharing

Applying the Community Health Nursing Practice Model & Standards in Practice and Education

Francoise Filion, MScN, Ingram School of Nursing, QC, Genevieve Currie, RN, MN, Mount Royal University, AB, Elizabeth Diem, RN, PhD, Consultant, ON, Ruth Schofield, RN, MSc(T), McMaster University, ON

The Community Health Nursing Professional Practice Model & Standards of Practice is a framework that applies to both practice and education. The Professional Practice Model describes the contextual components (the structure, process and values) for using the Standards of Practice. In this Network Caf, practitioners and nurse educators will have the opportunity to collaborate with colleagues to consider how the Model and Standards can be applied in their own practice and organization/institution.

Dialogue for practitioners will include questions such as: "What practice experiences made you feel successful or challenged? How would the Model and Standards apply to these experiences? The practice experiences can range from working with a group of single mothers, a school, or a frightened senior to developing a community partnership to collaborate with others. Researchers, managers, and policy makers will bring examples from their areas of practice. Dialogue for educators will revolve from questions such as: "How can the professional practice model clarify the scope of practice and role of community health nurses for students? What are the teaching strategies that could be used with the Model and Standards?"

The Network Caf will provide clarity in the roles and scope of practice in community health nursing as recognized in the Blueprint for Action. Participants will benefit directly by learning from each other through the sharing of practice or teaching experiences to strengthen their understanding and application of the Canadian Community Health Nursing Professional Practice Model and Standards of Practice.

10:00am – 10:30am

Refreshment Break

10:30am – 11:30am

Breakout Sessions 5

Oral Presentations - 500

500A: Responding to a Syphilis Outbreak, A Public Health Approach

Anita Forward, RN, BN, CCHN (C), Lesley Ranson, BA, BScN, RN, CCHN(C), Shianne Combden, BN RN CCHN(C) IBCLC, Maria Driscoll, B.Comm, MBA, CMP, Andrea Doyle, BN RN CCHN(C), Eastern Health

Issue: In March 2015 a syphilis outbreak was publically declared in the eastern region of Newfoundland and Labrador (NL). 95% of cases were among Men who have Sex with Men (MSM).

In this presentation the author(s) will describe: How interprofessional and intersectorial partnerships were established to create a Syphilis Outbreak Control Team; How social norms and risk behaviors contribute to the MSM population's vulnerability to syphilis; How an innovative project plan was developed, implemented and evaluated to address the syphilis outbreak.

Project Purpose: To raise awareness of syphilis and increase Sexually Transmitted Infection (STI) testing in the MSM population in NL.

Methodology: The following data was collected to develop evidenced based strategies to address the syphilis outbreak:

- Examined systematic reviews of syphilis outbreak responses;
- Conducted an environmental scan of syphilis outbreak responses;
- Monitored epidemiological surveillance data of STIs; and
- Collected qualitative evidence through administration of sexual health clinic surveys.
- Solutions:

The following tactics were utilized to address the syphilis outbreak:

- Increased access to testing by adding sexual health clinic appointment times and staffing.
- Developed campaign key messages and branding, and selected communication mediums informed by at risk population input.
- Created a syphilis webpage with STI testing information and non-nominal appointment booking capabilities.
- Utilized online geo-targeted advertising capabilities of MSM networking sites, social networking sites and local news broadcasters to provide syphilis awareness and testing information.

- Partnered with physicians, bars and community agencies for distribution of educational and campaign materials.
- Targeted outreach to MSM through participation in community events such as Pride Week and Healthy Living Tradeshows.

The blueprint created by the Syphilis Outbreak Team's project plan is transferable to Community Health Nurses working with targeted populations to address multiple determinants of health.

Key Learning Outcomes

- To develop an understanding of:
 - The magnitude of the syphilis outbreak response and the interprofessional and intersectorial partnerships required;
 - The importance of analyzing and interpreting social norms and behaviors of the target population;
 - The factors that contribute to the Men who have Sex with Men (MSM) population's vulnerability to poor sexual health;
 - The challenges of contact tracing with multiple anonymous sexual partners;
 - The HIV syphilis co-infection, acquisition and transmission risks;
 - The potential for transmission into the female population and risk of congenital syphilis;
 - The need to develop concise and measurable project goals, objectives and evaluation strategies from project inception.

500B: Supporting Evidence-Informed Public Health Decision Making in Cancer Prevention: Lessons Learned from a Two-Pronged Recruitment Strategy

Olivia Marquez, MSc, Health Evidence, ON, Maureen Dobbins, RN, PhD, National Collaborating Centre for Methods and Tools and Health Evidence, ON, Jennifer Yost, RN, PhD, McMaster University, School of Nursing, QC

Background: Based on the pervasiveness and costliness of cancer, it is critical to implement effective prevention strategies informed by the best available research evidence. Despite increased expectations for and advances in evidence-informed decision making (EIDM) in public health in recent years, challenges to achieving this continue to exist.

Objectives:

- (i) enhance awareness and use of high quality research evidence on cancer prevention among Canadian public health professionals; and,
- (ii) evaluate the impact of three knowledge translation (KT) strategies on awareness and use of the evidence

Methods: Three KT strategies (monthly tailored email messages, quarterly webinars, and weekly Twitter posts) will be used over an 18 month period to disseminate the findings of high quality systematic reviews on cancer prevention. All public health professionals in Canada who either make decisions or provide services related to tobacco/alcohol use, sun safety, nutrition, and physical activity are eligible to participate and are being recruited via multiple strategies. Data is being collected via electronic survey at baseline (Fall, 2015) and follow up (Spring, 2017) on individual and organizational barriers and facilitators to EIDM, as well as awareness and use of systematic review evidence. Various strategies are being used to capture data on use and engagement with the KT strategies. Results: A two-pronged approach is used to maximize recruitment. Individuals are being recruited through the communication channels of relevant public health organizations and Medical Officers of Health. The response rate for participation in the study will be reported on. The successes and challenges to implementing these recruitment strategies, as well as the transferability of the recruitment strategies, will also be discussed.

Conclusions: This study provides insight on best practice methods to recruit public health professionals for participation in research and transform how research evidence is disseminated and applied in public health and other health settings in Canada.

Key Learning Outcomes

- Describe the Knowledge to Action Cancer Prevention (CIHR) study: background, description of knowledge translation strategies, recruitment, and methods.
- Present lessons learned from implementation of a two-pronged recruitment strategy.
- Learn how the findings from this study have the potential to inform the use of KT strategies increase the awareness and uptake of cancer prevention knowledge in practice in Canada.

Oral Presentations - 501

501A: Supporting the Connection Between Community Nursing and the Palliative Patient

Corinne Shea, B.A. (Adv.), M.A. (Th.), CPC, Central Health, NL, Vanessa House, RN, BN, CCHN (C), Central Health, NL

Palliative care is becoming increasingly more complicated as the rates of chronic disease rise and our population ages. The complexities of home palliation and end of life care are magnified in rural settings. Community health nurses are often in a difficult position as they try to care for their end of life clients with limited resources, strict health organizational guidelines and large geographical areas to service.

In that knowledge, a small, rural-based health authority has proposed a solution: design a travelling specialist multidisciplinary palliative/end of life care team to support, equip and teach community nurses, as interprofessional partners, how to deliver best practice palliative care; while at the same time, provide secondary lines of palliative support to the patient and family with significant complexities who remain centered in the home.

Learning objectives include:

- Review the design of the multidisciplinary team and how they practically deliver service in a largely rural, geographic area;
- Identify how the community nurse fits in the delivery of home palliation and intersects with specialist team;
- Learn from families how this approach to home palliation benefitted their loved one and aided in the palliation/grief journey.

Since the team started, the number of complex palliative referrals has grown by 30-40%. This speaks to need for home palliation and the demands for the future. This framework supports the community nurse in building professional relationships between coworkers and increased engagement with other sectors of service to support each unique care experience. With a cornerstone philosophy of 'integrated care' at the forefront, this team, works with community nursing to establish a system of care that addresses the core concept of 'patient-centred' decision making in palliation.

Key Learning Outcomes

- Review the design of the multidisciplinary team and how they practically deliver service in a largely rural, geographic area;
- Identify how the community nurse fits in the delivery of home palliation and intersects with specialist team;
- Learn from families how this approach to home palliation benefitted their loved one and aided in the palliation/grief journey.

501B: Bridging Theory to Practice: Reflecting Diversity in Online Case-Based Learning

Laura Fairley, RN MN CHPCN(c), Joanne Louis, RN, NP MN, LSB, Amy Bender, RN PhD, LSB Faculty of Nursing, University of Toronto, ON

In 2014, we developed four online, case-based learning modules for our undergraduate community health curriculum. The purpose of this set of modules is to bridge some of the advanced theory of community nursing with the actual roles and skills of practice. A case-based approach to learning has proven to be very effective in developing nursing students' reasoning, and problem-solving skills (Forsgren et al., 2014). CBL is intended to narrow the divide between classroom learning and real life clinical practice by bringing into view the 'messiness' of patients' everyday lives as part of developing students' clinical judgment and expertise.

Each module consists of a video of the case; a podcast of the related theory; and a case application guide. The cases were intentionally crafted through a lens of social justice and equity to reflect the values of community nursing practice. The cases challenge normative assumptions about patients/nurses that are often part of the 'hidden curriculum,' by presenting broad, diverse representations of race, gender, age, sexual orientation, ability, and class. By subverting implicit norms of 'whiteness,' 'cis-gender,' middle-class status, and heterosexuality in this way, we encourage students to explore their own normative assumptions about identity and interrupt deeply entrenched practices of 'othering.' This feminist interpretation of online pedagogy acknowledges that web-based learning spaces are never neutral and can serve to reinforce or dismantle social/political discourses of oppression and marginalization (Hannon & D'Netto, 2007).

Findings:

Informal feedback from students/faculty has been positive. We are currently in the process of evaluating the modules.

Implications:

Community health is a mandated part of all BScN programs and features content that is critical to students' successful development of entry-to-practice competencies. We are interested in discussing ways that we can better support students tangibly integrate the foundational values of community health nursing into their frontline work with clients/families.

Key Learning Outcomes

- Identify normative practices of 'othering' in clinical practice and teaching
- Acknowledge the 'hidden curriculum' in undergraduate nursing education
- Identify and mobilize forms of course/clinical teaching that enact anti-oppression principles of social justice and equity in tangible terms.
- Identify online, case-based, modules as a highly malleable teaching tool that can mobilize and concretize community nursing theory with practice.

Oral Presentations - 502

502A: Public Health Nurses' Experience of Collaborating with Primary Care Providers in Northern British Columbia

Sara Pyke, RN, CCHN(C), University of Northern British Columbia, BC

Public health nurses (PHNs) have been essential providers of public health services in northern British Columbia for nearly a century. PHN practice in this rural, northern setting has been shaped by the practice context, changes in health policy, societal influences, and PHNs' actions. Presently, the greatest force of change shaping PHN practice in northern B.C. is primary health care transformation.

The Northern Health Authority has been working to transform how they provide primary care services by developing primary care homes featuring interprofessional teams. As a result, a new nursing role, the primary care nurse, is being introduced. This role combines aspects of traditional public health nursing, such as population health knowledge, skills, and abilities, with nursing practices such as direct client care and liaising with clinical services which have traditionally been outside of public health. How exactly public health and primary care nurses will 'fit' in primary care homes is still unknown. However, it is clear PHN practice will be very different: PHNs will work more closely with primary care providers; implicit is that this work will be collaborative.

In this study, PHNs in communities of various sizes across northern B.C. were asked to describe their experiences of working with primary care providers in everyday practice situations. Experiences were analysed to identify and describe aspects of collaboration that currently exist. PHNs' perspectives on how to make collaboration work, especially in addressing population health issues, were interpreted. This research draws attention to PHNs' experiences, identifies barriers and facilitators to collaboration between these providers in this setting, and articulates the impact of interprofessional collaboration and primary health care transformation on PHN practice. Results inform future efforts to foster collaboration between PHNs and primary care providers in northern B.C., the development of the primary care nurse role, and primary health care transformation overall.

Key Learning Outcomes

Participants will learn what facilitates and hinders collaboration between PHNs and primary care providers in rural, northern settings. They will develop an understanding of how collaboration between these providers in this setting impacts PHN practice. Participants will develop an appreciation for PHNs' experiential knowledge. PHNs' suggestions for ways to make collaboration work will be discussed. The findings presented in this session will be discussed in relation to primary health transformation, which will resonate with nurses, managers, and others experiencing this process of change.

502B: Getting to Know Your Community: Central Health Community Engagement Process

Lily LeDrew, Central Health, NL

Central Health has adopted Primary Health Care (PHC) as a Service Delivery Model. Citizen engagement and public participation is integral to the successful implementation of a PHC model for service delivery and the establishment of community Advisory Committees (CAC's) in each PHC area is one mechanism used to ensure meaningful community involvement in the identification of needs, planning, and implementation of health and community services for a prescribed geographic area. The Community Advisory Committees are a liaison between the Board of Trustees and the communities it serves.

The Community Advisory Committees:

- Recommend ways and means of accomplishing local health and community services goals within the overall policies of the Central Regional Health Authority.
- Provide an avenue through which communities can have input in decision- making on the provision of health and community services and to identify concerns of communities in relation of the provision of health and community services.
- Assist with the identification of resources available in the community and the resources still required to meet identified needs.
- Assist with the interpretation of results of local needs assessments/surveys/statistics/focus groups etc.
- Assist with prioritizing community health needs and strengths.
- Assist with identifying sustainable community approaches in responding to identified needs.
- Facilitate the education of communities on the meaning and intent of primary health care.
- The CAC members come from diverse backgrounds and various sectors and are broadly informed and involved in their communities.
- This session will focus on the process used in Central Health to engage communities in health planning

Key Learning Outcomes

- to share Central Health's Community Engagement Process

Oral Presentations - 503

503A: Finding Research Evidence Efficiently Using Search Pyramids

Maureen Dobbins, PhD, RN, Kate Tulloch, National Collaborating Centre for Methods and Tools, ON

Time is a scarce resource for community health professionals. The ability to efficiently find the highest quality research evidence available reduces a major barrier to using evidence in decision making.

The National Collaborating Centre for Methods and Tools (NCCMT) specializes in developing resources to help busy practitioners find and use innovative, high quality, up-to-date methods and tools for moving research evidence into practice. Search Pyramids are among the innovative tools developed by NCCMT to reduce the time required to make evidence-informed decisions.

NCCMT partnered with an experienced health librarian to develop a suite of Search Pyramids, including six topic-specific Search Pyramids focusing on identified priority public health issues: injury prevention; mental health; health communication and social media; environmental health; healthy habits (children); and healthy habits (adults). Based on the 6S Pyramid (hierarchy of research evidence), NCCMT's Search Pyramids encourage users to start at the top of the Pyramid with the most synthesized form of research evidence (guidelines) before moving on to systematic reviews and single studies. Within each of the six levels, the Pyramids provide links to specific search sites, beginning with sites that offer pre-appraised research, meaning the content has already been critically appraised. This feature was implemented to address the barrier of time; busy practitioners do not need to spend additional time of conducting the quality appraisal on evidence from pre-appraised sources.

Key Learning Outcomes

- Participants will learn how to use NCCMT's Search Pyramids in their own practice to quickly and efficiently find the research evidence they need to make informed decisions.
- A general public health Search Pyramid will be demonstrated, with tips on how to customize.
- The topic-specific Pyramids will be shown briefly. Web statistics regarding frequency of use will be presented.

503B: Supporting the Uptake of Evidence Informed Decision Making in Public Health: A Scoping Review on Organizational Changes Processes

Kristin Read, MPH, Linda Chan, MPH, Zhi (Vivian) Chen, MSc, Maureen Dobbins, RN, PhD, The National Collaborating Centre for Methods and Tools

Objective: Evidence Informed Decision Making (EIDM) is a valued practice in public health. This scoping review aimed to identify relevant evidence related to organizational changes processes as well as factors that influence the success or failure of organizational change initiatives.

Methods: A systematic search of five electronic databases (Business Source Complete, ABI/INFORM Complete, Scopus, Medline, and ERIC) was conducted to identify articles published on organizational change from January 2000 to July 2014. This review focused on evidence available from systematic reviews and literature reviews. Two reviewers independently conducted relevance screening using pre-defined inclusion/exclusion criteria. Following screening, two reviewers conducted data extraction. A thematic analysis was conducted on extracted data. Findings from the analysis were summarized in a narrative.

Results: There are many ways to define and approach organizational change. Organizational change can be defined by scope, by rate of occurrence, by scale, as well as, how it comes about. The included literature has adopted a wide variety of theories and models to explain different organizational changes processes some of which include Lewin's model, the 4D cycle, the three-stage mode and the cyclic model. There are a variety of factors that influence organizational change which can act as either barriers or facilitators to change initiatives. These include: context, organizational culture and structure, leadership, change management, level of involvement, change cynicism, motivation to change, commitment to change and implementation approach.

Conclusions: Organizational change is an iterative and complex process. There is no one-way to ensure the success of an organizational change initiative. The factors and approaches outlined in this review can help public health organizations identify and consider important elements of organizational change that influence the success or failure of change initiatives. Organizational change strategies identified through this review can help public health organizations strategically embed evidence-informed practices in their work.

Key Learning Outcomes

- To understand the role of organizational change processes in supporting the uptake of Evidence Informed Decision Making in Public Health
- To identify relevant factors and processes that influence the success or failure of organizational change initiatives

Oral Presentations - 504

504A: Health Promotion...Everyone's Business

Lily LeDrew, Joanne Pelley, Central Health, NL

Within Central Health, there is accountability for all employees to actively play a role in promoting health of those clients, employees, and/or colleagues that one works for and with. As indicated in two of the five lines of business for the organization "promoting health and well-being, and preventing illness and injury" are key, to accomplishing the organizations vision towards healthy people and healthy communities. How can you encourage staff to actively play a role in promoting health? How can you create awareness and strengthen linkages across disciplines within the organization? Recognizing what health promotion is, and how factors external to the health care system influence health are vital to making the connect and understanding how health promotion really is everyone's business!

This session will provide insight into how team members have been visiting primary health areas across the region to have creative discussion and strategy building around the above.

Key Learning Outcomes

- to promote a common understanding of health promotion
- to promote a collaborative approach to health promotion planning
- to create an understanding of roles and responsibilities for utilizing health promotion in practice

504B: From the Boardroom to Community Health Promotion – How a Business Change Management Model is Successfully Applied in a Community Youth Engagement Initiative for Teens With Autism Spectrum Disorder

Janson Chan, RN (Temp.), BScN, BMSc, Annie Peng, Ph.D (c), B.Sc, Autism Teenage Partnership, ON

Autism Spectrum Disorder (ASD) is a neurological disorder estimated to affect 1 in 94 Canadians. There are concentrated efforts to support children; however, as they turn twelve, many support services discontinue and of the services that are available, most are run by adults in an academic, therapy or counseling setting. There is a real gap in support services for teenagers with ASD where they can gain valuable social skills and develop authentic

relationships with their peers. A lack of peer socialization can put these teenagers at greater risk for social and mental health issues. This presentation will focus on a group of passionate students from various disciplines coming together to create an engaging program for these teens. This cutting-edge initiative was created based on a body of literature from various sectors of business and leadership. Change management models have been utilized as effective tools to bring about organizational transformations. Kotter's 8 Step Process for Leading Change is implemented to develop and manage a youth-led community-based recreation program for teenagers with ASD named Autism Teenage Partnership (ATP). ATP is a weekly social program that involves interactive activities such as crafts, team-building activities, and community excursions; ATP cultivates friendships and social skills that enhance the teenagers' quality of life. Furthermore, ATP establishes partnerships with educational partners to engage in advocacy for an underserved autism community. Through incorporation of Kotter's business model and core nursing values such as leadership, community engagement, and health promotion, ATP has implemented three locations across Ontario providing free accessible services to teenagers with ASD and respite to families. ATP is a great example of how business models can be successfully incorporated into community programs. The story of ATP, with its tools and lessons-learned, may contribute to innovation for community partnerships in other program areas and geographical settings.

Key Learning Outcomes

- Strategic partnerships that yield successes in the case of ATP both for the teens and families with ASD as well as for young students who developed and implemented ATP
- Theory and evidence-driven basis for the concept of peer to peer support model in community health promotion initiatives
- Innovative leadership strategies and tools used in ATP such as social media, change management process and tools.
- Lessons learned in navigating the social, health and academic systems related to ASD

Oral Presentations 505

505A: Management of Diabetes in Patients with Serious Mental Illness

Subothini Awan, RN, Lisa Smyth, NP, Amy Burke, Village family health team, ON

The Canadian Diabetes Association estimates that 10 million Canadians are living with diabetes or prediabetes. Individuals with diabetes and mental illness are at greater risk of having complications associated with diabetes and early mortality than those with diabetes alone. Many factors (including income, housing, education, and access to health care) are barriers to diabetes management for this vulnerable population.

An innovative metabolic program at Village Family Health Team (VFHT) located in Toronto, Ontario was designed to target the needs of people who have diabetes and a diagnosis of schizophrenia, bipolar, and/or severe depression. The goal of the program is to help prevent/reduce diabetes complications, increase patients' understanding of diabetes, and promote self-management. The use of an inter-professional team in delivering diabetes care in a group setting has helped with early intervention and the close monitoring of the progression of diabetes. Quarterly patient visits include blood work done on site and a one-on-one diabetes assessment by RN/NP. A group education session follows, where a healthy breakfast is served and a diabetes management topic is discussed.

Among other health benefits, participants experienced improvements in Hemoglobin A1C and LDL levels; improved blood pressure readings, and increased compliance in routine eye and foot exams. Participation in group discussions, attendance rates, and diabetes knowledge also improved with program involvement.

Challenges with this program have included sustaining regular client attendance, motivation for diabetes self-management, and lack of social support. Inter-professional collaboration and lack of funding have presented challenges as well.

We will discuss effective strategies and lessons learned that have shaped the program since its inception. These findings will illustrate the importance of having an inter-professional team in the delivery of diabetes care for this patient population.

Key Learning Outcomes

- tools to develop group visits for patients with serious mental illness and diabetes
- tools to design creative diabetes education material for patients

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- discuss ways for providers to enhance inter-professional collaboration and develop group patient visits

505B: Registered Nurse Staffing and Health Outcomes of Patients with Type 2 Diabetes Within Primary Care

Julia Lukewich, BNSc, RN, PhD, Memorial University of Newfoundland, NL

Background

Nurses form the core of interdisciplinary teams within the primary care setting. In acute care, positive associations between nurse staffing and quality of care have been established. This study was conducted to explore associations between nurse staffing and patient health outcomes in the primary care setting.

Methods

This study utilized nurse staffing data acquired through a cross-sectional survey of Family Health Teams (FHTs) (n=15) and patient data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) in south eastern Ontario to explore relationships between the presence of Registered Nurses and Type 2 diabetes outcomes. The patient sample was comprised of individuals with diabetes, between the ages of 18-100, and who had 1 primary care encounter between April 1, 2013-March 31, 2014 (n=6673). The diabetes outcomes explored included: hemoglobin A1c (HbA1c), fasting plasma glucose (FPG), blood pressure (BP), low-density lipoprotein cholesterol (LDL-C), and urine albumin creatinine ratio.

Results

86.7% of practices had 1 Registered Nurse. The presence of 1 Registered Nurse in a FHT was associated with increased odds of diabetic patients having diabetic management indicators on-target, including HbA1c, FPG, BP, and LDL-C. Practices with the lowest ratios of diabetic patients-per-Registered Nurse had a significantly greater proportion of patients who had HbA1c and FPG measurements on-target compared to practices with the highest ratios of diabetic patients-per-Registered Nurse.

Conclusions

This study demonstrated the feasibility of linking primary care nurse staffing data acquired through an organizational survey to patient data within the CPCSSN. The findings suggest that FHTs utilizing a model of care that incorporates Registered Nurses exhibit better patient outcomes. These findings can be used to help inform policy-makers about decisions regarding primary healthcare reform. Studies of similar nature need to be conducted within Newfoundland and Labrador.

Key Learning Outcomes

- Obtain an overview of the emerging literature investigating nursing contributions to chronic disease management within primary care
- Understand the methodology used in the present study to explore associations between nurse staffing and outcomes of patients with Type 2 diabetes within primary care
- Understand key findings from the present study and overall implications for nursing, healthcare delivery, and primary healthcare reform
- Explore the potential, as well as challenges and limitations, with using large administrative databases to explore nursing within primary care
- Acquire an understanding of the importance of conducting studies of similar nature within Newfoundland and Labrador to inform primary healthcare reform initiatives focused on chronic disease management

Workshop - 506

A Sustainable Model for Community Embedded Learning in the School of Nursing: Community Health Nursing

Yvonne Lawlor, Olive Wahoush, RN PhD, McMaster University, ON

BScN students in our program have a wide array of learning opportunities in community health nursing which help to build community capacity and promote health in collaboration with our neighborhood partners.

Issue: Undergraduate nursing education is primarily focused on hospital based care at a time of change when care is moving to home and community settings.

Workshop Focus: Discussion of the methods used to assess the presence and extent of community health nursing content and exposure within the BScN curriculum. Discuss emerging opportunities for increasing student exposure to community health nursing.

Project purpose: To identify community health content within the curriculum, student experiences of

community health, strengths and limitations, features of quality community health placements and potential opportunities to prepare future nurses for the changing health care environment. When the project started we had a fragmented view of community health within our curriculum.

The SON fosters community focused learning and community health nursing in various courses within the curriculum. Course examples include:

Service Learning focused on the health and wellbeing of diverse populations in Years 1 & 2

Professional Community Nursing Practice in Year 3

Interdisciplinary elective for senior level students to address issues aimed at building healthy communities

Volunteer opportunities

However, there are challenges in expanding our relationships with community partners and enhancing community embedded learning. We must be prepared to embrace emerging opportunities, requiring a strong and sustainable infrastructure along with efficient processes and responsive faculty and staff.

This workshop will present our evaluation processes and share results of the project and ensuing initiatives. These include mapping of placements, student survey, stakeholder feedback, concept map of community health content and mapping of BScN curriculum content to nursing competencies. A discussion forum will help identify options for future learning opportunities in community health nursing.

Key Learning Outcomes

- Attendees will learn about how one BScN program used an array of evaluation measures including some innovative ones to develop a composite picture of community health nursing in their BScN curriculum.
- They will also learn about ideas for future action to prepare beginning community health nurses generated from and perhaps tested in other nursing programs.

11:30am – 11:45am **Stretch Break**

11:45am – 12:45pm **Breakout Sessions 6**

Short Presentations - 600

600A: Choose Healthy, Communicate Effectively and Empower Completely

Gabriela Morningstar Mizrahi, RN, Jeslie Karla Mercado, RN, Valerie Lok, Francoise Fillion, Marie-Charel Nadeau, Alexandra Stephan, Gabriela Morningstar Mizrahi, RN, Noemie Paques, RN, McGill University, QC

Introduction: School-age children benefit from supportive relationships with adults including parents, teachers, and after-school program educators. In collaboration with the Cote-des-Neiges Black Community Association (CDNBCA), a primary prevention project entitled "Choose Healthy, Communicate Effectively and Empower Completely" was put in place. The purpose of this project was to improve communication between parents, teachers, and the after-school program coordinator, as well as to improve the tracking of the children's school work progress in the after-school program, thereby supporting the education of the school-age children (age 6 to 12 years) and parental involvement.

Methods: Using the Population Health Promotion Model (PHPM) as a framework, the implementation of our project consisted of two key interventions. Firstly, a communication tool in the form of a booklet was created and distributed to the children. Secondly, three health capsules were presented to the children: sleep routine, physical activity, and nutrition.

Results: Both the booklet and the health capsules were evaluated by experts in the community organization and corrected accordingly. Our key results linked to the health capsules showed that most of the children were able to name 2 key points from the capsule when asked, they actively participated in the activities by asking questions, and they were able to recall a key point from the previous capsule. For the communication booklet, as implementation is still pending, we expect this tool to enhance fruitful discussions between parents, teachers and after-school coordinator.

Conclusion: The health capsules positively impacted the children. Promoting a healthy lifestyle influenced their personal health practices and coping skills, and increased their repertoire of knowledge and skills. Furthermore we expect this project to assist CDNBCA to become a stronger supportive learning environment in strengthening communication between parents, teachers and after-school coordinator promoting early childhood development, an essential social determinant of health.

Key Learning Outcomes

- Improve understanding of the importance of establishing and maintain a supportive environment that enables children to learn effectively in school, and how to integrated and promote factors that support children learning in school, such as increased awareness of the health habits that influence children's capacity to learn.
- Improve understanding of importance and ways to improve establishing collaborative relationships and optimizing open effective communication between all parties involved in children's learning.

600B: University Nursing Students Support Multicultural School Aged Children Living in Low Socioeconomic Conditions to Meet Their Social Determinants of Health

Mary Margaret Cole, MSc(Nursing), PHN, Ba Psychology, RN, Margo Cameron, MSc(Nursing)(C), BScN, RN, University of Windsor, ON

One out of every six (16, 428) children and youth in the selected city lives in poverty. Children who live in poverty are likely as adults to develop a range of diseases and lower life expectancy (Pathway to Potential, 2015). The focus area is one of the most multicultural cities in Canada and unfortunately experiences a very high unemployment rate. Therefore the university nursing students, lead by community health educators, have been applying diverse strategies to assist children to meet their social determinants of health. These strategies motivate the nursing students to develop their various roles and skills. Roles implemented by the students include educator, advocator, researcher, leader, collaborator and health promoter. Some of the skills practiced by the nursing students are health assessment, health teaching, communication, interdisciplinary professional collaboration, documentation, researching, first aid and cultural sensitivity. Creative strategies implemented have included health fairs, class room health teaching, health screening, development of health promotion pamphlets for families, school newsletters, fund raising for toothbrushes, referrals to the CINOT program, advocacy for eye glasses, injury prevention, collaboration with community partners, and development of social media. Children, youth and families have benefitted in achieving a greater level of health while meeting their determinants of health such as personal skills, education, healthy child development, safer physical environments, cultural acceptance, communication and health services (dental care & eyeglasses). The university nursing students have made a positive difference on the health of vulnerable populations.

Key Learning Outcomes

- Participants will learn innovative leadership strategies to educate nursing students and contribute to the health of their community. It is vital for CHN educators to collaborate and develop inter-professional, intra-professional and intersectoral partnerships to shape change in practice, education and administration to reduce societal inequities and promote population health.
- Nursing students will be empowered to creatively promote health amongst the pediatric population and their families, with a particular focus on vulnerable populations in school settings.

600C: What's Culture Got to Do with It? Attending to Diversity in Sexual Health Education for Youth

Rajani Sellathurai, HBSc, BScN Candidate, Sabeena Santhirakumaran, HBSc, BScN Candidate, Radhika Gupta, HBA, BScN Candidate, Jacy Houad, BSc, BScN Candidate, Ashling Ligate, MEd, BIS, BScN Candidate, Jessica Pisarek, BSc, BScN Candidate, Taiva Tegler, BScN Candidate, MA (Ed), Kathleen Burgess, BScN Candidate, Tony Renda, MSc, Amy Burke, University of Toronto, ON

Issue:

Community health nurses practice on the front lines of sexual health education, though nurse-client overlap in culture and life experience is rare. Cultural disparity and the resulting challenges which arise when nurses attempt to establish a trusting relationship with their clients is an overarching issue in community-based sexual health education. Here, we discuss navigation of youth sexual health education with respect to the power imbalance and cultural differences that exist between nurses and clients.

Method:

We conduct a contemporary literature review of nursing research, examining the current debate surrounding the relevance of culture in community health practice settings in Toronto and throughout Canada. We also review sexual education strategies employed by community nurses working with youth across Canada.

Findings:

There are insufficient and inconclusive strategies to overcome the cultural differences between nurses and clients in community-based therapeutic settings. The conflict between culturally relevant programming and mainstream sexual health education is seldom addressed and there is substantial provincial variability concerning the quality of and access to sexual health education. Additionally, community nurses who critically respond to gaps in youth programming are often met with administrative resistance.â€

Implications for Practice:

As nurses, providing effective education requires critical reflection into our social locations and work environments, and the social determinants of health impacting the clients we serve. Using examples from specific practice environments, we discuss the application of critical pedagogical frameworks, and community development models that seek to revolutionize the provision of sexual health education in Canada. Finally, we suggest strategies which situate nurses in a unique position to best provide culturally relevant youth programming, as well as discuss both barriers and future opportunities for development within this vital division of community health nursing.

Key Learning Outcomes

- Our objective is to facilitate critical thinking and discussion dedicated to creating safer, more culturally relevant nurse-client spaces within community settings.
- We hope attendees will learn to emphasize the importance of culturally relevant sexual health education within their own practice by defining and deconstructing concepts inherent to culture and identity.
- Finally, we provide transformative teaching strategies for community health nurses in order to establish sexual health education as a prime location for progressive learning and development of practice.

600D: Making Connections: Partnering to Increase Access to Health Services for Youth in Rural Communities

Lori Williams, BN RN, Joy Loveys, RN BN M.Ad.Ed.CCHN(C), Jill Rees, BN RN, Donna Dawe, BN RN, Eastern Health, NL

Issue: Youth in rural communities have little access to sexual health services. Research shows that the more youth learn about sexual health, the more likely they are to postpone sexual activity and/or engage in safer sexual practices. (McKay, A., Bissel, M., 2010). Will youth access youth friendly services within a school setting? Will the presence of a community health nurse in the school enhance a Comprehensive School Health Model?

Project Focus: A sexual health clinic pilot project in three rural high schools Sample: Schools were chosen based on readiness to participate. A total of 1765 students, 142 staff, and larger school community participated. Methodology: After consultations with school administrators, teachers, school counsel, and student groups, clinics were established in each of the three schools with guidelines for operation. Monthly meetings were held with community health nurses and monthly clinic statistics were collected.

Findings: Using the PDSA (Plan, Do, Study, Act) model changes were made in the clinics as required. School based clinics not only improved access but students returned for service. The majority of youth clearly indicated that if this service was not available in school, they would not have accessed the services elsewhere. There were a variety of reasons for the clinic visits. All four pillars of the Comprehensive School Health Framework were acted upon. Evidence to date supports nursing practice in the school setting.

Key Learning Outcomes

- Partnerships were effective to reach the objectives of the project
- Youth friendly services are vital to increase access for adolescence
- Schools provide a setting that break the barriers of access
- Community Health Nurses are catalysts to enhance the comprehensive school health approach

Oral Presentations - 601

601A: Examination of New Parents' Evaluation of Postnatal Educational Materials

Donna Marshall, RN BN MN, Eastern Health/Memorial University, School of Nursing, NL

Issue: No evaluation of postnatal educational materials has been conducted to determine the extent to which new parents in Newfoundland and Labrador find available materials helpful. There is little empirical support for the

effectiveness of written or online postnatal materials despite the fact that there is ample evidence for the need for information and education for new parents. Purpose: During my Master of Nursing practicum project I designed a survey questionnaire to obtain new parents' perspectives and evaluation of educational materials. Methods: Following an integrative literature review, and consultations with public health nursing leaders, I constructed a questionnaire consisting of 26 questions that focused on hospital, public health nursing, and online sources of educational materials. I then pilot-tested the questionnaire on a sample of 36 first-time mothers or fathers of 2-month-old infants attending public health nursing clinics in urban and rural areas of eastern NL, to determine if current materials were meeting their learning needs. Findings: Results revealed that new parents prefer to receive postnatal materials before they leave the hospital; find the materials distributed by public health nurses helpful; and, are comfortable using a computer at home to access information. Parents wanted materials, primarily on infant care, and infant feeding. Solutions: During this presentation we share recommendations we put forward to public health nursing leaders how (1) to address possible wastage of postnatal resources; (2) to optimize the timing for receipt of information; (3) to raise public awareness of postnatal information websites; and (4) to design a province-wide survey. Implications: All new parents can provide input into the optimum level and quality of postnatal education and materials which are necessary to promote their parental self-efficacy positive child health outcomes

Key Learning Outcomes

- Discover the process of designing and conducting a survey
- Gain research ideas pertinent to postnatal health promotion
- Reflect on role of CHN in sustainability of public health resources

601B: MUMs: Mapping and Understanding Mothers' Social Networks: An Exploration of Research Methodology

Megan Aston, RN PhD, Dalhousie University, NS

Susie Wood, BN, RN, IBCLC, Public Health, NS

Christine Hart, BN, RN, IBCLC, Public Health, NS

Linda Young, , Public Health, NS, Annette Elliott Rose, RN PhD, Dalhousie University, NS, Meaghan Sim, MScAHN, PDt,

Dalhousie University, NS, Gail Tomblin Murphy, RN PhD, Dalhousie University, NS, Andrea Hunter, PhD, Concordia

University, QC, Josephine Etowa, RN PhD, University of Ottawa, ON, Sionnach Lukeman, Public Health, NS, Sheri Price,

RN PhD, Dalhousie University, NS

The arrival of a baby is a transformative life experience. While this can be both exciting and stressful for new mothers, it requires that they quickly learn about both the care of the baby and their own changing needs. In the past, many women turned to their families, friends and primary care providers for support and advice; now that support system has changed through the emergence of websites, chat rooms, twitter feeds and other social media channels. There is a need for health professionals to better understand how and where women seek support and information through social networks both online and off line and whether or not these social networks meet their needs. We will discuss how the methods of focus groups, online chat spaces and electronic interviews were used to better understand mothers' social networks within six months of giving birth. We will also focus on the usefulness of feminist poststructuralism, discourse analysis and social network mapping to explore how new mothers identify and prioritize their own postpartum needs and where they go to access information and support.

Key Learning Outcomes

- Audience will understand the methodologies of discourse analysis and social network mapping
- Audience will understand the concept of social networks
- Audience will understand how some mothers in Nova Scotia choose postpartum supports and information

Oral Presentations - 602

602A: Intersectionality in Community Health Nursing Practice: Exploring a Framework for Addressing Health Inequities

Karen Fish, Sume Ndumbe-Eyoh, National Collaborating Centre for Determinants of Health, ON

With its roots in feminist theory, intersectionality is an approach that highlights how multiple social categories (e.g.

gender, race, class, sexual orientation, gender identify, ability etc) intersect at the individual level to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism). Public health nursing is committed to social justice and equity and recent years have seen a renewed emphasis on how where we live, work and play affects health.

Intersectionality explores both social positions and social processes of marginalization and privilege, and as such is natural fit for equity-oriented nursing practice designed to improve the social determinants of health. This includes specific attention to the health of systematically oppressed populations. Despite numerous activities focused on health equity, it is rare to see actions that reflect intersectionality in their theoretical frameworks, designs, analyses, or interpretations. Embracing intersectionality will help practitioners better identify the roots of health problems and generate meaningful and lasting solutions.

This session will explore the importance and necessity of paying attention to power relations in community nursing. By acknowledging and responding to privilege and oppression and the related power dynamics within community nursing settings, nurses can work to address social injustices and health inequities that arise from unequal power relations. This session will explore the potential for intersectionality to improve community health nursing practice.

Key Learning Outcomes

- Learn about intersectionality as a framework for addressing health inequities
- Explore examples of the application of intersectionality in nursing practice
- Apply intersectionality as a tool for reflective practice

602B: Connections for Health: Community Health Nursing Leadership to Enable Change

Jann Houston, Toronto Public Health, ON , Katie Dilworth, BScN, RN, MHSc, CCHN(C), Toronto Public Health, ON

The Blue Print for Action (BPA) is national framework and action plan, a strategic plan for the future development of community health nursing in Canada. Effective planning, such as the BPA, results in the development of a common vision, direction and goals and creates in a living document that serves as a reference to guide decision making.

The BPA calls for community health nurses (CHNs) to be leaders that relate their roles to broad health issues and changes happening in society and to work to evolve the health care system. As leaders at an organizational level, CHNs have the ability to influence, motivate, and enable others to contribute toward the effectiveness and success of their organization. CHNs have unique competencies that enable success in the organizational strategic planning process.

Public health nursing (PHN) competencies enabled an innovative and comprehensive process to create a 2015-2019 Strategic Plan for this large urban health unit that included extensive consultation, analysis, deliberation and decision making. Each component of the process was evidence-informed and incorporated evaluation.

PHN leadership enabled the organization to create, communicate and apply a shared vision, mission and values. PHN competencies such as collaboration, assessment and analysis, planning and evaluation and communication supported a successful process to create a new Strategic Plan approved by the Board of Health.

Evaluation demonstrated the strategic planning process used a powerful methodology that catalyzed the organization, bringing staff and stakeholders together toward the development of a shared vision and targeted direction for future ready service delivery.

Leadership in effective strategic planning is possible by CHNs. At its best, it fosters intentional thinking, action and learning as a crucial component of change management. CHNs can tap into this potential in all their endeavors to be leaders in improving community health.

Key Learning Outcomes

- This session will help participants learn about strategic planning and share innovative methods for successful planning.
- Participants will learn how the competencies of community health nurses uniquely prepare them to be leaders in strategic planning
- Evaluation of key process elements will be described along with challenges, and opportunities.

Oral Presentations - 603

603A: Webinars: A Low-Cost, Interactive Education Strategy for Disseminating Public Health Research

Evidence

Maureen Dobbins, RN, PhD, National Collaborating Centre for Methods and Tools and Health Evidence, ON, Olivia Marquez, MSc, Health Evidence, ON, Vivian Chen, MSc, National Collaborating Centre for Methods and Tools and Health Evidence, Heather Husson, BA, Health Evidence

Background: Health Evidence™ provides tools and services to support the public health workforce search for, interpret, and apply research evidence to practice. A free searchable repository, www.healthevidence.org, offers 4,400+ quality-appraised systematic reviews evaluating public health interventions. One strategy to promote this evidence is monthly interactive webinars.

Objectives:

- (i) disseminate high quality evidence to the public health workforce;
- (ii) provide a forum for public health professionals to improve individual (thus organizational) capacity for evidence-informed decision making (EIDM).

Methods: Ninety minute large-audience webinars are held monthly, providing an overview of the principles of EIDM (15 mins), a presentation of the findings by the review author (30 mins), and audience participation via chat-based question and answer (30 mins). Webconferencing software monitors registration, attendance, audience engagement, participant responses to polls, and questions posted via chat. Standard polling questions are asked throughout each session to assess: familiarity with and use of systematic reviews, as well as familiarity and agreement with session-specific review findings.

Results: Since 2010 we have hosted webinars on 36 unique topics with a large audience format (100+ attendees). Webinar participant roles include: nurses, health promoters, physicians, dietitians, and knowledge brokers. Google Analytics for www.healthevidence.org reflect an average increase of 573% of users accessing each webinar's systematic review the day of each session, compared to the month prior. Each webinar averaged 213 registrations, of which an average of 80 registered attendees joined on the session date. Attendees posted via chat between 5-12 questions per session. Data from up to five polling questions per session will also be examined.

Conclusions: Webinars are an innovative and effective mechanism for promoting research evidence in public health decision making to wide audiences. Data from webinars will shape recommendations for implementing this knowledge translation strategy to support public health decision making.

Key Learning Outcomes

- Understand the potential impact of webinar technology for sharing and promoting research evidence in public health decision making.
- Learn how Health Evidence™ and our interactive knowledge translation strategy can transform how public health practitioners receive and use research evidence in practice.
- Demonstrate the results of review author collaboration in dissemination of research findings to end users, from nine Health Evidence™ monthly webinars.

603B: Research Evidence in 140 Characters or Less? Public Health Workforce Development Via Social Media

Olivia Marquez, MSc, Health Evidence, ON, Vivian Chen, MSc, National Collaborating Centre for Methods and Tools and Health Evidence, ON, Maureen Dobbins, RN, PhD, National Collaborating Centre for Methods and Tools and Health Evidence, Heather Husson, BA, Health Evidence, ON

Background: Health Evidence hosts an online repository of 4,400+ quality-rated reviews evaluating public health interventions. Social media presents new opportunities for linking public health decision makers with evidence.

Objectives: To promote access to public health relevant systematic reviews via an 8-week Twitter campaign.

Target Groups: The @HealthEvidence Twitter feed has 5,400+ global followers. Review-related Tweets are posted weekly to an intended audience of public health professionals (e.g., nurses, health promoters, physicians, dietitians, knowledge brokers).

Activity: An 8-week Twitter campaign posted two 140-character messages (Tweets) each week, relaying findings from methodologically strong systematic reviews evaluating the effectiveness of public health interventions. Each Tweet contained an abbreviated URL linking to the review abstract and quality appraisal on www.healthevidence.org, as well as a campaign hashtag "#HE_Review". Google Analytics for www.healthevidence.org aggregated data on overall reach of the 8-week campaign, and reveal an average 2,659% increase in access to a review on the day-of Tweeting compared to average daily views the month prior, with Twitter

users spending nearly 6 minutes viewing the page. @HealthEvidence Tweets are viewed by followers from 119+ countries including: Canada, United Kingdom, United States, and Spain. Twitter Analytics reveal that a single review-based Tweet will be viewed by over 1,100 followers, and can engage up to 12 people through an average of 2 retweets, 1 like, 3 link clicks, and 1 profile click.

Deliverables: High quality public health evidence is disseminated to end users, increasing decision-makers exposure to review-level evidence.

Implications to inform future research or program/policy planning: Findings reflect high-level of interest in receiving public health evidence via social media. Lessons learned offer efficient strategies for writing and posting Tweets, approaches for enhancing social media skills within organizations, and methods for better utilizing Twitter as a knowledge translation mechanism to increase access to evidence in public health.

Key Learning Outcomes

- Understand how Health Evidence™ currently utilizes Twitter to share and promote research evidence in public health.
- Demonstrate the impact of posting review-related Tweets on user engagement and access to public health review evidence.
- Learn efficient strategies for writing and posting on social media and approaches for starting or enhancing social media skills within organizations.

Oral Presentations - 604

604A: Pandemic Flu: A Definition for Community Health Nursing

Alana Devereaux, BN, RN, PhD(c), University of Ottawa, ON

Background. Pandemic influenza can have a devastating impact as individuals have little to no immunity towards the new virus. It is a persistent societal threat due to the advancement of multiple technological processes. Community health nurses work in multiple roles in pandemics. As such, a thorough understanding of the concept from a community nursing perspective is required in order to better plan for nurses' needs in future front-line response scenarios.

The aim of this presentation is to provide a definition of 'pandemic influenza' as it relates to the public health and community health nursing specialties.

Design. Rodgers' Evolutionary Method was used to conduct the concept analysis of the term 'pandemic influenza'. Data sources. Forty-nine papers were examined from the disciplines of public health, medicine, law, bioethics and healthcare policy. Papers were found from the PubMed, CINAHL and Google Scholar databases including all dates up to December 2013. Limits were set to include peer-reviewed, English language articles.

Methods. Identified papers were critically analyzed to explore the concept's antecedents, attributes and consequences. Surrogate and related terms of 'pandemic', and an exemplar meeting the criteria of 'pandemic' was identified and described.

Results. Attributes of pandemic include original viral structure, increased human susceptibility, younger vulnerable populations and unpredictable time frames. Antecedents include processes that enable the increased geographical transmission of a newly created influenza. Consequences include higher morbidity and mortality rates and the need for an efficient pandemic response.

Conclusions. This analysis identified the attributes of pandemic influenza through a synthesis of the current pandemic literature. However, no articles were identified as specifically nursing in nature. Therefore, more research is required to examine the impact of a pandemic declaration on the community health nursing profession. Specifically, as this is the discipline whose workplace will be most impacted by the presence of a pandemic flu.

Key Learning Outcomes

The learning objective of this presentation is to provide a clear definition of 'pandemic influenza' as it relates specifically to community and public health nursing. This is essential in order for the discipline's practitioners, educators, researchers, and administrators to better understand how a future pandemic flu declaration will impact public health and community health nurses who work in a variety of primary care settings.

604B: A Far From 'Ordinary' Immunization Experience

Immunization is a health care service long associated with public health nursing. Across Canada, and within Manitoba, other health care professionals are expanding their scope of practice to include the ability to immunize and bill the public purse for immunization services. This scenario provides an opportunity to improve access to immunization for the population but also the challenge of working interprofessionally. In 2014, University of Manitoba College of Nursing fourth year nursing students immunized 220 students and staff. In 2015, a mandatory influenza immunization policy was implemented requiring that all undergraduate nursing students provide proof of influenza immunization.

With the new immunization mandate, nursing faculty and students designed and implemented a week long influenza immunization initiative in collaboration with the respective colleges of Pharmacy and Medicine. While the results were indeed impressive, 802 individuals received influenza vaccine, the interprofessional collaboration was challenging and revealed a need to learn "about, from and with" each other. If expanded scopes of practice are intended to improve immunization rates, public health practitioners will need to enhance their skills of interprofessional collaboration.

Key Learning Outcomes

- To increase awareness of the expanding scopes of practice of health care professionals in the area of immunization.
- To identify the challenges and lessons learned from an interprofessional immunization clinic experience.
- To explore the key components of successful interprofessional collaboration.

Oral Presentations - 605

605B: Community Health Nursing and the Palliative Care Team: Stronger Relationships Equate Better Client Care

Cheryl Hurley, MD CCFP, Denise Pynn, BN, RN, CCHN(C) CHPCN(C), Eastern Health Regional Health Authority, NL

Palliative and End of Life care can be a challenging aspect for clients, families and Community Health Nurses. With any life limiting prognosis, clients and families are often left with mixed emotions, and many questions. Their physical, mental, emotional and spiritual resources can be stretched to the limit.

In this regional health authority the community end of life program has been an option for clients and their families for the last nine years. During this time, there have been many improvements in collaboration between the Community Health Nursing Palliative Program and the Palliative Care Team. Community Health Nurses collaborate with the pain and symptom management team for initial assessments. The Palliative Care Navigator and the Palliative End of Life Care Coordinator collaborate regarding clients who may require immediate intervention. The Palliative Care Physician has become a member of the Community Health Palliative/End of Life Committee and is an excellent resource for Community Health Nurses, clients and families.

Often the Palliative Care Consult team is referred for pain and symptom management and possible preapproval to the palliative care unit. Community Health Nurses work collaboratively with the interdisciplinary team to ensure that clients receive the best possible care to optimize their quality of life. Collaboration between palliative care team and community health nursing ensures a smooth transition for palliative and end of life clients. The Palliative Care consult team can work with the Community Health Program to enhance Community Health capacity to palliate clients at home.

Collaborative Models will be presented and explored for Community Health Nurses who may incorporate them into practice in a palliative care setting. .

THE IMPLICATIONS OF THE WORK FOR NURSING IN VARIOUS SETTINGS AND CONTEXTS:

All home health nursing staff and managers.

Educators who work to develop Interprofessional collaboration.

Key Learning Outcomes

- To gain a better understanding of the importance of collaborative approach in Palliative care.
- To increase knowledge of challenges faced by clients, families and staff and how the collaborative approach can improve the journey for all involved.

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- To explore varying collaborative models in delivery of palliative care in the community.
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Networking Café – 606

The CNA Certification Program: Caring to be the Best in Community Health Nursing

Moira O'Regan-Hogan, RN, BN, M.Ed, CCHN(C), Eastern Health, NL, Lucie Vachon, RN, BScN, CNA Certification Program,

In Canada, more than 17,900 nurses have a CNA certification in one of 20 nursing specialties. Of this number, 1345 nurses are certified in Community Health nursing (CHN). Through the process of CNA Certification, these community health nurses (CHNs) have committed personally and professionally to improve their knowledge and expertise at a national level.

In 2011 the Community Health Nurses of Canada (CHNC) released The Blueprint for Action (BPA) which articulates the plan for the development of the CHN workforce in Canada. With chronic diseases accounting for approximately two thirds of Canadian deaths and significant health care spending, CHNs must take a leadership role in reorienting health services. CHNs are ideally situated and capable of this role but their skills are underutilized and often invisible to the public, other professionals and employers. In 2012 CNA advocated for nurses to become involved in key roles to promote health system transformation. A highly skilled CHN workforce is required to enable system transformation and to practice within a constantly changing environment.

Through the CNA certification process and based on national competencies of the specialty, CHNs refresh, update and challenge their knowledge and skills, they pursue high professional standards through evidence-informed practice in the specialty and make a significant contribution to the community health care team.

This session is designed to inform and assist CHNs preparing for the CNA Certification Exam. The content will focus on the CNA Certification process, use practice questions to familiarize applicants with the types of question on the exam and provide sample strategies to assist studying. An overview on how to maintain your national credential will also be presented.

12:45pm – 2:00pm

Networking Lunch

12:45pm – 2:00pm

Second meeting of a National Network of School Based Public Health Nurses

2:00pm – 3:00pm

Breakout Sessions 7

Oral Presentations - 700

700A: Reorienting PHN Practice Using a Professional Practice Model

Cheryl Cusack, RN, PhD, Winnipeg Regional Health Authority, MB

Purpose: A Professional Practice Model (PPM) is a key organizational tool to articulate the PHN role. A PPM promotes a consistent and evidence-based nursing practice.

Action: The first application of a PPM in Canada was based on a participatory action research (PAR) study with PHNs from an urban health region. A key principle was to support PHNs in working to full scope with a focus on health equity. Since completion of the study in 2013, the PPM and the Nursing Practice Council (NPC) have provided the forum and lens to collaboratively move forward in defining PHN services.

Results: A significant study finding was that inconsistent understanding of the PHN role had eroded population-based practice. In particular, the PHN role in addressing health equity and the social determinants of health required education and development. Organizations must expect professional practice by PHNs, but also cultivate supportive environments. PHNs require knowledge and skills, and an organizational culture that places value on equity and collaborative approaches. Using the PPM and NPC, the organization has continued to develop a unique PHN role, focused on population health and equity, and articulate how PHN full scope of practice is complementary to others in the health system.

Key Learning Outcomes

- Attendees will describe key features of a PHN PPM and the relevance to program planning. The importance of PHNs leading the process is critical in creating system transformation.

700B: Public Health Discipline-Specific Competencies: Guidance for Equity Focused Practice

Faith Layden, National Collaborating Centre for Determinants of Health, NS, Dianne Oickle, MSc, Pdt, National Collaborating Centre for Determinants of Health, NS

Core and discipline specific competencies for public health practice reflect essential knowledge, skills, and attitudes to inform roles, which public health nurses apply at an individual, family, community, and population level. The National Collaborating Centre for Determinants of Health (NCCDH) reviewed public health competencies in Canada, United States, United Kingdom, Australia, New Zealand, Europe and France for the inclusion of the social determinants of health (SDH), health equity and social justice. The review considered how Canada compares in using competencies to further public health action to advance health equity, and draws upon international experience to inform the development of Canada's public health workforce in this area. Competency documents were assessed for reference to determinants of health, health equity and social justice in competency statements. National and international discipline specific competencies for nursing were included in the analysis.

Core competencies in the United States and United Kingdom included very few references to SDH and health equity, with no reference to social justice. In Canada, core competencies for public health practice contained a more significant presence of these concepts; however, attitudes and values such as social justice were not listed as specific core competencies. Discipline-specific competencies were less likely to reference SDH, health equity, and social justice. The absence of practice examples in competency documents poses a challenge for disciplines to define their role and actions to address health equity.

Professional associations should embed the concepts of health equity, SDH, and social justice more explicitly into discipline-specific competencies. A review and revision of the Core Competencies for Public Health in Canada is suggested to support better integration of concepts into discipline specific competencies. This presentation will be of value to public health managers, policy makers and public health nurses to guide educational programs, practice standards, and public health nurse training in Canada.

Key Learning Outcomes

- How core and discipline specific public health competencies integrate concepts of determinants of health, health equity, and social justice.
- How competencies can be used to advance action on equity in public health practice.
- How competencies can be used to support action on health equity in nursing practice.

Oral Presentations - 701

701A: Planting Seeds of Inclusion and Partnership: Findings From a Participatory Community Garden Project

Elaine Schow, RN, MN, Bev Mathison, BA, BEd, MA, PhD, Genevieve Currie, RN, MN, Joanna Szabo Hart, RN, PhD, Jakubec Sonya, RN, PhD, Mount Royal University, AB

In 2015, an interprofessional team collaborated to revitalize a university campus community garden with an innovative community inclusion project focused on engaging nursing students and previously excluded community members. This presentation describes the participatory action research (PAR) project that involved partnering with a university institution, student association, community health nursing students and community stakeholders from seniors and community mental health rehabilitation groups, supported by a horticultural therapy intervention. Guided by community development principles, a number of data sources (including individual/group interviews, observations, and process/project documents) were analyzed to explore experiences in planting the seeds of partnership through inclusive community gardening. Organization and individual benefits and barriers were discovered as were a number of program strengths (including, flexibility within structure and high levels of participant choice and control). Finally, this presentation highlights how the project influenced intersectoral and interprofessional partnerships (community health nursing, social work, horticultural therapy, child development and education, community mental health,) and planted seeds for community engagement and citizenship across

otherwise disconnected community groups. Several spin off projects have evolved and will be discussed.

Keywords:

Community Gardening; Horticultural Therapy; Inclusion; Campus-Community Partnership; Participatory Action Research (PAR); Nursing Students

Key Learning Outcomes

- Gain knowledge about engaging and partnering with inter professional stakeholders within a community project.
- Identify benefits and barriers to a community development project.
- Discuss how to incorporate students into a community development project.
- Consider the benefits of horticulture therapy with community participants

701B: Welcome to the Dragon's Den with a Prevention Twist

Donalda Wotton, RN MN, College of Nursing, University of Manitoba, MB, Austin Kitson, Bachelor of Business Administration, Entrepreneur, AB

Communication in Public Health Nursing is a key competency for entry level practitioners. The use of social media and social marketing techniques is a skill few students have opportunities to practice (CASN, 2014). Can social marketing do more than "push information out" to community members? How can we teach students appropriate communication techniques to influence decision makers? What can educators and students learn about the power of social media given our own lack of confidence in a medium which appears at first glance to be a risky endeavour?

Welcome to the Dragon's Den with a Prevention Twist. Teams of nursing students in their final year at the College of Nursing University of Manitoba write a briefing note to the Minister of Health about a community health issue. The intervention is the development of a social media strategy to address the issue. Social media offers a new way to communicate to the broader population with an emphasis on its two-way nature, blurring the traditional boundaries between "experts" and consumers (Newbold, 2015). Students then have to enter the Dragon's Den and "pitch" their ideas to a team of experts who represent the Ministry of Health. In 10 minutes, teams must convince the Dragons that their health issue is critical and that social media offers an innovation worth funding.

This learning opportunity requires that students understand a health issue from a prevention perspective. Learning about the potential uses of social media provides students with new ideas as they venture into the health care arena. Dragon's Den mirrors the process of decision making where issues are prepared in a concise format and solutions are literally "pitched" to decision makers. The ability to present the most compelling argument wins.

Key Learning Outcomes

- Learn about the design of innovative learning opportunities which integrate social media strategies.
- Learn about the potential uses of social media as a community health intervention.
- Learn about appropriate communication techniques to influence decision makers.

Oral Presentations - 702

702A: Transforming Access to Screening and Training Through Community Health Brokers

Angela Frisina, RN, BScN, MHSc, Hamilton Public Health Services, ON, Olive Wahoush, RN, PhD, McMaster University, ON, Faye Parascandolo, RN, BScN, Hamilton Public Health Services

Lower socioeconomic status (LSES) is a major determinant of those who are more likely to be under-screened or never-screened for breast, cervical and colorectal cancers. LSES groups face numerous barriers to cancer screening (CS) and are often diagnosed with later stage cancer and poor outcomes. Participation in CS can have a significant impact on treatment options and cancer progression.

The purpose of the project, funded by the Public Health Agency of Canada, was to engage, empower and educate community members about cancer prevention and screening, through a peer to peer approach. This approach has been effective when working with priority populations, such as recent immigrants; visible minorities; those of Aboriginal identity (First Nations, Inuit and Mtis); and, those with low literacy and/or low education levels.

Using a strengths-based approach, peer workers called, Community Health Brokers (CHBs), worked closely with Public Health Nurses (PHNs), to provide education, create tailored solutions to health service barriers, and build community capacity. They acted as a bridge between health services and their communities. CHBs have written reflective journals describing community engagement strategies to promote change in behaviours, such as cancer screening uptake.

Findings from the analysis of reflective journals demonstrated CHBs established trusting relationships with community members and empowered them to self-advocate for their own health. Other themes included: creating supportive environments and community partnerships, understanding community context and role clarity and validation. Lessons learned will be shared through community stories.

Results can be utilized to direct strategies that reduce health disparities in priority populations. In future, it will be important to determine if CHBs, working in partnership with PHNs are effective in influencing a wider range of health behaviors in underserved populations.

Key Learning Outcomes

Awareness of activities, methods and innovations implemented by community health brokers, working in collaboration with public health nurses to engage, empower and educate community members

Understanding of capacity building of community members and partners

Increased understanding of strategies to promote cancer screening awareness, and uptake by residents in priority neighbourhoods

Understanding of barriers to health services for priority populations and strategies to overcome those barriers.

Awareness of qualitative methods of journal analysis and generated themes.

702B: Community Health Nursing Action Needed to Advocate for Breast Screening Policy Change

Anne Kearney, BN MHS PhD RN, School of Nursing, Memorial University, NL

Ten provinces and two territories in Canada have established organized breast screening programs with the goal to decrease breast cancer mortality. The target group varies slightly but is generally women aged 40-70+. There is now substantial evidence that the harms of population-based mammography screening outweigh any benefits. This presentation will summarize findings from the 2013 Cochrane Collaboration report, 25-year follow up report of the Canadian National Breast Screening Study (2014), and reports of large observational studies from countries with organized screening programs. There is no reliable evidence that population-based mammography screening decreases mortality but there is good evidence of harm from false positive findings, overdiagnosis and overtreatment, and psychological distress. It is time to discontinue organized breast screening in Canada based on age and instead divert health care resources to the identification and surveillance of women at higher risk and the follow up of women who present with suspicious breast changes. This is an important issue for community health nurses who can act as knowledge brokers and advocates to enable policymakers to examine evidence and revise policy. This is a difficult policy shift as governments and breast screening programs have actively promoted mammography screening for almost 30 years. Federal, provincial, territorial partnership is required to develop a coordinated and coherent plan to discontinue screening based on age alone. Communication to the public, especially women in the target group and health professionals, needs to be carefully executed to limit as much confusion and negative reaction as possible. Community health nurses can contribute much to the development and dissemination of key messages related to this major policy shift. In addition, while this policy shift is occurring, community health nurses can advocate for women to receive balanced information about the benefits and harms of mammography screening so they can make an informed decision.

Key Learning Outcomes

- Attendees will have increased knowledge of current evidence related to mammography screening.
- Attendees will know current recommendations in relation to population-based mammography screening.
- Attendees will understand the role that community health nurses can play to enable a breast screening policy shift.

Oral Presentations - 703

703A: Outbreak Help: A New Knowledge Sharing Platform for Evidence-Based Information on Infection Prevention, Management and Control of Ebola Virus Disease in Canada

Kristin Read, MPH, The National Collaborating Centre for Methods and Tools, ON, Anthony Levinson, MD, MSc, FRCPC, Michael G. DeGroot School of Medicine, McMaster University, ON, Maureen Dobbins, RN, PhD, The National Collaborating Centre for Methods and Tools, ON

In the event of an infectious disease outbreak, such as the recent outbreak of Ebola Virus Disease, it is crucial that Canadian allied and health professionals who may come into contact with an Ebola case in the course of their service duties and responsibilities have the necessary knowledge, skill and training to safely and effectively respond to a potential exposure situation. The OutbreakHelp website is a virtual platform for Ebola related content that was developed to address the information needs of this target audience.

The goal of this website is to develop a freely accessible, interactive online resource centre to support emergency preparedness for allied and health professionals in the event of an infectious disease outbreak such as Ebola.

Funded by the Public Health Agency of Canada, the website provides:

* A repository of evidence and information on Ebola Virus Disease from both the published and unpublished literature

* A synthesis of the best available evidence on priority topic areas

* Concise overviews of seminal documents and their key points

* Expert consultation for Ebola related questions in the event the end-user is unable to find an answer using the platform

* Monthly newsletters with updates on new research and resources

* Other interactive components such as forums, social media outreach and webinars

This presentation will provide a status update on these activities. The various components of the website will be demonstrated and website usage statistics will be presented.

Key Learning Outcomes

- To become familiar with a new knowledge sharing platform for infection prevention, management and control
- To understand the importance of evidence informed decision making in emergency preparedness and response of infectious diseases such as Ebola Virus Disease
- To identify the best available evidence on infection prevention, management and control of Ebola Virus Disease in Canada

703B: Enhancing Public Health Data Management via the Web

Keith Harding, BNRN CCHN, Eastern Health, NL

Purpose:

A web based information system arose out of an identified urgent need for a regional electronic system. This application was designed to manage the many excel and paper-based data collection and reporting systems that were presently being used in the Regional Health Authority (RHA).

In this presentation the author(s) will describe how this customized application built within the RHA offers an accurate, secure, streamlined and time sensitive approach to Public Health information. Subsequently this is able to enhance reporting abilities for vaccine management and communicable disease control.

In a region where health professionals and clients are spread over large geographic areas, the application allows for a more efficient and effective response during Public Health events.

Methodology:

Collaboration between the RHA's Public Health and Healthcare Technology and Data Management (HTDM) departments, allowed the work on this database begin in the summer of 2013.

Requirements gathering face to face meetings were conducted with key stakeholders to review policies, guidelines, and work processes to generate ideas and functions for the database.

Models were built and tested, user feedback was incorporated throughout. This resulted in two live functioning application modules; Vaccine Inventory Management and Influenza Utilization Tally Reporting in November 2015

Development of modules that provide management for all publicly delivered vaccines, contact tracing functions for communicable disease and management of employee illness are currently underway.

Results:

Development of an innovative solution has increased the efficiency and productivity of frontline staff and drastically improved the RHA's ability to inform regional decision-making and meet provincial reporting requirements.

Organizational benefits translate into an immediate impact on clients as it helps to increase vaccine availability when and where the client needs it.

Provincial endorsement of the application has been granted for further development as it is to be used as the provincial system in Newfoundland and Labrador.

Key Learning Outcomes

- Participants will develop an understanding of:
 - The application and how it functions through real-time demonstration;
 - The value of the application in the context of community health nursing and;
 - The positive impact the application has in terms of workload management, reporting and decision making.

Oral Presentations - 704

704A: Making the Connection in Best Practice Through an Interdisciplinary Approach

Lisa Prowd, RN, BScN, Grey Bruce Health Unit, ON

Engaging interdisciplinary professionals is critical to achieving a culture of quality improvement and best practice among community health organizations. Since embracing opportunities such as the Accreditation Canada process and becoming a Best Practice Spotlight Organization, the Grey Bruce Health Unit continues to apply the Knowledge-to-Action Framework to support implementation of best practice guidelines. The purpose of this presentation is to describe how one Ontario Public Health Unit has used a comprehensive interdisciplinary approach at the program and organizational level as well as through cross-sector partnerships to mobilize and advance best practice through the delivery of client centred care. Successes and lessons learned through this interdisciplinary approach will be shared.

In the public health setting, the "client" may be an individual, family, group or the broader community. Furthermore, there are a variety of interdisciplinary professionals who work collaboratively to deliver public health programs, integrated services, health promotion initiatives, as well as regulatory services for clients at multiple levels. In an effort to improve and promote positive change among interdisciplinary community health practice, a variety of strategies were implemented organization-wide over three years. Engaging interdisciplinary professionals in the implementation and sustainability of best practice recommendations has had a significant impact on organizational knowledge translation, resource dissemination, policy development, leadership opportunities, client satisfaction, and enhanced community health partnerships.

This presentation will illustrate how other community health organizations can adapt these strategies to advance best practice knowledge through interdisciplinary partnerships. Outcomes including the positive impact of implementing a best practice guideline such as client centred care in an interdisciplinary setting will be highlighted.

Key Learning Outcomes

- Participants in this session will identify innovative strategies used to engage interdisciplinary professionals in a community health organization to advance best practice
- Participants in this session will gain insight into the benefits of interdisciplinary working relationships to advance best practice
- Participants in this session will articulate specific outcomes of implementing an organization-wide best practice guideline in an interdisciplinary setting

704B: Eeny Meeny Miny Moe; Susceptible Contact Yes or No? The Case for Making Connections When a Vaccine Preventable Disease (VPD) Occurs in the Community

Margaret McIntyre, RN BScN MN, & Jill Fediurek, RN BScN MPH, Public Health Ontario, ON, Christina Taylor, RN BScN CIC, Huron County Health Unit, ON, Alison Locker, BSc MSc, Middlesex-London Health Unit, ON, Marlene Price, RN BScN, Middlesex-London Health Unit, ON

New vaccine products, schedules and recommendations are updated based on research and evidence. Related to vaccine practice updates, public and community health nurses must undergo complex analysis of diverse factors to choose the best actions for managing VPD cases and their contacts through careful decision making to mitigate disease transmission. This analysis can be further complicated when dealing with under-vaccinated communities and vaccine hesitant clients. The decision to provide chemoprophylaxis and/or immunoprophylaxis is based on comprehensive understanding of the disease and the infective process, specific vaccine characteristics, as well as

the client's age, vaccine history and health status. This presentation will describe the connections developed following two VPD events involving varicella and pertussis. It will examine the rationale for the public health actions in the context of an under-vaccinated community and in a healthcare setting.

The connections included:

- The public health units connecting between the case and contacts of the case
- Public Health Ontario (PHO) Immunization and VPD team connecting with the health unit to provide scientific and technical advice with respect to case and contact management
- The public health unit connecting with local health care providers and occupational health staff
- PHO laboratory connecting with all stakeholders
- PHO and 2 public health units connecting to prepare a breakout session for an infectious disease workshop
- Public health nurses and inspectors who provide case and contact management connecting at the breakout session

These connections resulted in timely and evidence-based actions in the disease management phase which contributed to mitigating transmission, protecting vulnerable contacts and antibiotic stewardship. The breakout session resulted in building capacity within the public health workforce in Ontario.

Key Learning Outcomes

- Identify helpful connections used in the management of VPDs
- Match the connections between immunization and the metaparadigm of community nursing (individuals, families, communities and population) central to the community health nursing standards. (2011)
- Lead in the evaluation of client immunization assessment, immune status and risk of disease acquisition within their practice settings
- Endorse community health nursing's roots in social justice and advocacy as they protect and preserve health in the community through immunization and VPD case and contact management

Oral Presentations - 705

705A: Building Public-Private Partnerships to Work for Community Initiatives

Alyssa Penney, RN, BScN, BA, MA, Middlesex-London Health Unit, ON

Road safety remains a growing concern in the London-Middlesex region with approximately 1300 severe collisions per year causing an injury or fatality from 2011-2013 (City of London, 2014). The London Middlesex Road Safety Committee is an intersectoral coalition which includes private and public sector members, working together to create road safety programs. The committee optimizes outputs through partnerships between the municipalities, public health, acute care hospital, police services, ministry of transportation, and private organizations, the Canadian Automobile Association, 3M Canada, and Young Drivers of Canada. Through the leadership of a public health nurse and injury prevention specialist as co-chairs of the committee, nursing and health promotion theory is integrated to guide the committee in making evidence informed decisions thus improving community engagement and capacity. Nursing leadership at community tables is necessary to support the community and to demonstrate that nurses have a voice in community issues such as road safety.

In 2014, the Buckle Up, Phone Down London campaign was developed to raise awareness about the consequences of distracted driving, a significant contributor to severe collisions. The collaboration between public and private sectors allowed for targeting identified populations, and taking a comprehensive approach, that incorporates education, enforcement and engineering principles.

Key Learning Outcomes

The lessons learned from the implementation of this multi-strategy campaign include;

- Missed opportunities to connect with additional private partners working in road safety
- Working with organizational policy to facilitate public-private partnerships

705B: School Travel Planning – Walking in Partnership for Policy Development

Emily Van Kesteren, RN, BScN, MA, Middlesex-London Health Unit, ON

Only 7% of Canadian children achieve the recommended 60 minutes of daily moderate to vigorous physical activity (Colley et al., 2011). Children using active transportation as a means of travelling to and from school have up to ten opportunities a week to be more active. Unfortunately, the number of Canadian children using active school travel has decreased nearly 50% in the last 20 years (Buliung, Mitra, & Faulkner, 2009). Focusing on the subtheme of interprofessional and intersectoral partnerships, this presentation will describe the impact, outcomes and key success factors of an intersectoral partnership approach to increasing children's use of active school travel.

Active & Safe Routes to School (ASRTS) is a public health led partnership that crosses three public health jurisdictions and consists of multidisciplinary members including, but not limited to, transportation engineers, university professors/researchers, non-profits and school educators. The process, key characteristics and research findings of the overarching program, School Travel Planning, will be presented. Topics will include why strategic planning is important, the benefits to collecting quality data through rigorous research methodology and how our research findings influenced policy and increased local profile of the issue. For example, the use of an intersectoral partnership enabled ASRTS to undertake a comprehensive approach that led to pertinent decision makers outside of the health sectors supporting the vision of increasing children's use of active school travel through supportive policies, physical environments and collaboration.

This presentation will be most valuable to public health nurses looking to enhance leadership and facilitation skills when working with interprofessional and intersectoral partnerships and enhancing community capacity. The ASRTS example will allow participants to learn from a successful collaborative initiative where the public health nurse's role integrated evidence, research, evaluation and advocacy for political and sustainable change toward the betterment of children's health both locally and beyond.

Key Learning Outcomes

- The key learning objectives for participants will include how to influence political and sustainable change through the integration of evidence, research, evaluation and advocacy.
- Participants will acquire skills and techniques to enhance leadership and facilitation skills through key success factors from a successful intersectoral collaborative example.

Panel Session – 706

706A: An innovative program: Strengthened in Interprofessional and Intersectoral Partnerships

Kazel Eborá, RN, BN, NorWest Co-op Community Health, MB, Miriam Amaladas, Bsc, RN, NP, NorWest Co-op Community Health, MB, Lisa Campomanes, RN, BN, BA, Winnipeg Regional Health Authority, MB

This is a drop-in program designed to reduce barriers by providing access to health care and programming for prenatal clients, postpartum families, and children 0-5 years. The program was developed in March 2014 with the partnership of three organizations. It provides continuity of care to one of Winnipeg's most vulnerable populations - a community with a high percentage of low socioeconomic status, newcomers, unimmunized children, and women seeking prenatal care.

A logic model was used to develop the programs objectives. The main objectives include increasing the number of infant/child primary care visits, increasing immunization rates, and increasing the number of prenatal visits.

This program is held every Tuesday from 1:30pm-3:30pm, and offers free and structured play, snacks, food demonstrations and education. To accomplish the stated objectives, participants have direct access to a primary care nurse, public health nurse, nurse practitioner, child development educators, social workers, dietician, and speech language therapist. The multidisciplinary team promotes each discipline to practice in full scope while sharing insight and knowledge together focusing on best practice. A primary care nurse and a public health nurse co-lead the group ensuring the objectives are met by co-ordinating services, building relationships and increasing client engagement.

Within the program's inception, there were over 560 visits. Same day access was available to public health nurses, primary care nurses and a nurse practitioner for immunizations, prenatal care, breastfeeding support, counselling, dietician services, and education. A quote from one of the participants from the one year survey " ..the program is so excellent. The support staff is so helpful and accommodating and it is a fun learning environment for the kids."

Overall, this is a community based program developed by nurses addressing the social determinants of health with emphasis on the critical role on interprofessional and intersectoral partnerships.

Key Learning Outcomes

- Strategies to maximize interprofessional and intersectoral partnerships focusing on continuity of care.
- Utilize the logic model to develop an innovative drop in program for prenatal clients, postpartum families, and children 0-5 years.
- Apply nursing leadership skills to strengthen relationships with clients in the community.
- Innovative and creative way to work within full scope of nursing practice.
- Evaluation method and summary of a drop in program with the use of a survey.
- Improve communication and processes amongst a multidisciplinary team including weekly program debriefing and updates.

706B: Beyond the Emergency Department: The Community Rapid Response Team

Dawn Gallant, RN BN CCHN(C), Eastern Health, NL

Seniors comprise 25% of all Emergency Department (ED) visits. Forty-four percent of discharged seniors will return to the ED within six months. Findings suggest that seniors are able to be cared for at home, with the right supports in place (Data source CIHI, 2012). The Community Rapid Response Team (CRRT) is an 18 month pilot project of strengthened and structured partnership between the adult emergency departments and Home and Community Care program with the health authority. The goal of the project is to provide quality, cost effective care to seniors in their own home as an alternative to acute or long term care. Eligible individuals receive an enhanced level of care / service in their own home to facilitate recovery by restoring/ maintaining client independence and function. The CRRT Community Health Nurse (CHN) assesses clients, using a comprehensive geriatric assessment tool, in the adult emergency department, the client's home or acute care medical unit following presentation to the ED. Referral is then made to the community based inter-professional CRRT team for further assessment and development of a plan of care. The team includes a Community Health Nurse, Nurse Practitioner, Occupational Therapist, Physiotherapist, Social Worker, collaborating Physician, Pharmacist, and an Administrative Support person. Data is being collected throughout the project to be included in the formal evaluation at the end of the 18 month time frame. It is anticipated there will be a positive impact on hospital admissions, return visits to the ED, a reduction in the number of clients considered to be community emergencies in the ED and increased client satisfaction. Assisting appropriate individuals in returning home upon presentation to ED not only avoids unnecessary hospital admissions but enables seniors to gain independence in activities of daily living and ultimately to "age in place".

Key Learning Outcomes

- Understand the relationship between various enhanced home support interventions in supporting clients to “age in place”.
 - Recognize the impact of a community based inter-professional team in enabling seniors and other clients with complex needs to remain safely in their own home.
 - Identify the successes and challenges associated with the development and implementation of an inter-professional Community Rapid Response Team pilot project.
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3:00pm – 3:15pm

Stretch Break - Refreshments Served

3:15pm – 4:15pm

Closing Keynote: Teach the Sea's Strong Voice to Learn the Harmonies of New Floods: Community Health Nursing in 2016
Sister Elizabeth M Davis, RSM



Community ~ Health ~ Nursing – the very name of this profession echoes the values and the connections which ground its practice, its ethics, its leadership and its passion. In this session, we will struggle to understand the dramatically shifting understanding of what community means in today's world. We will reflect on health as “the social, emotional, spiritual and cultural well-being of the whole community.” We will explore nursing as a profession which is finding new ways to navigate the intersection and the interdependence of community and health. Individual and community, profession and partnership, diversity and inclusion, expertise and engagement, social justice and ecological justice – we will examine these apparently opposing realities which must come together in a dynamic and energizing manner in the practice of community health nursing. The session will conclude with a focus not on community health nursing but on the community

health nurse – each one a visionary, each one a leader, each one a learner, each one a teacher, each one an advocate, each one a risk-taker, each one a dreamer. The session will be led by one who is a citizen not a health professional, by one who knows the need for a transformed health system and pleads for the leadership of community health nursing in that transformation.

4:15pm – 4:30pm

Closing Remarks and 12th National Conference Announcement
