

CANADIAN PUBLIC HEALTH ASSOCIATION

FOURTH EDITION

**Public Health ~
Community Health
Nursing Practice
in Canada**

Roles and Activities

MARCH 2010

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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Foreword

This booklet describes public health/community health nursing practice in Canada.

It focuses on these essential functions:

- public health,
- health promotion,
- disease and injury prevention,
- health protection,
- health surveillance,
- population health assessment, and
- emergency preparedness and response.

At present, the terms public health nurse and community health nurse are used across Canada in a number of ways. In some places, the term community health nurse means the same as—or is used instead of—the term public health nurse. In other places, community health nurse is a term that refers to the complete range of nurses working in the community, of which public health nurses are one group. Throughout this document, we use both terms linked by a forward slash (/). We do so out of respect for each region's right to describe the practice of public health/community health nursing in the community in the way that best suits them.

This booklet is intended to reflect the practice of public health/community health nursing which occurs in diverse settings and can be defined in terms of roles, activities, qualifications, standards, and competencies.

Introduction

The Canadian Public Health Association (CPHA) has in the past responded to resolutions from its public health/community health nursing members requesting articulation and clarification of the role and functions of nurses working in the community in Canada. These resolutions resulted in the preparation of the document: *A Statement of Functions and Qualifications for the Practice of Public Health Nursing in Canada*¹ in 1966 and an update of this document in 1976 entitled *The Nurse and Community Health: Functions and Qualifications for Practice in Canada*.² In 1990, CPHA released its popular *Community Health ~ Public Health Nursing in Canada: Preparation & Practice*, known as the “Green Book,”³ and reprinted it eight times. In the years since the 1990 edition, professionals from across Canada have worked hard to describe the practice of public health/community health nursing.

CPHA and Community Health Nurses of Canada (CHNC) worked closely together to produce this updated 2010 version. It is intended to complement *Canadian Community Health Nursing Standards of Practice*,⁴ *Core Competencies for Public Health in Canada Release 1.0*,⁵ and *Public Health Nursing Discipline Specific Competencies Version 1.0*.⁶ This booklet describes the roles and activities of public health/community health nurses who work in various programs and settings.

Public health/community health nurses contribute in many important ways to the improvement of people’s health in the community. They are leaders of changes to systems in society that support health, and they play key roles in disease, disability, and injury prevention, as well as in health promotion.

Scope and Purpose

The scope of this document is limited to the practice of public health/community health nursing. It deals with the roles and activities of nurses whose main focus is “health promotion, health protection, disease and injury prevention, health surveillance, population health assessment, as well as emergency preparedness and response,” (p.8)⁷ regardless of the settings in which they work.

***Public health** is defined as the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians.⁸*

Public health is a shared responsibility of federal, provincial, and territorial governments, municipalities and Aboriginal Peoples’ organizations, as well as governments that enact laws and regulations whose purpose is to protect both individuals and the general public. In jobs spanning a variety of settings and roles, health professionals work under or within these laws and regulations to address population-wide health challenges.⁷ Public health programs may be delivered somewhat differently in different jurisdictions.⁹

The goal of this booklet is to describe public health/community health nursing practice today and for the future so it can be useful to nursing students, teachers, non-nursing colleagues, other health professionals, and the public. We know that public health/community health nursing programs and settings are always changing to meet the health needs of specific populations, such as street people, school children, mothers and children, and seniors. We know that certain roles may focus on distinct activities, such as clinical or administrative leadership. However, the specific public health/community health nursing roles, activities, qualifications, and skills related to subspecialty areas may not be included in this booklet.

The literature reveals consensus on the foundations of public health/community health nursing practice.^{5,7,10,21} The contents of the 1990 *Green Book* have been validated a number of times since its release. For example, Chambers, Underwood et al.,¹¹ and Schoenfeld and MacDonald¹² reported public health/community health nurses’ acceptance of the roles and activities as described in 1990. As well, Aston, Meagher-Stewart et al.¹³ confirmed the concepts of empowerment and health promotion strategies in public health/community health nursing practice, while Cohen and Reutter¹⁴ identified public health/community health nurses’ role in addressing poverty as a determinant of health.

Definitions of Public Health/ Community Health Nurse

A public health/community health nurse has a baccalaureate degree in nursing and is a member in good standing of a professional regulatory body for registered nurses. The public health/community health nurse:

- combines knowledge from public health science, primary health care (including the determinants of health), nursing science, and the social sciences;^{4,15}
- focuses on promoting, protecting, and preserving the health of populations;^{4,15}
- links the health and illness experiences of individuals, families, and communities to population health promotion practice;⁴
- recognizes that a community's health is closely linked to the health of its members and is often reflected first in individual and family health experiences;⁴
- recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups, and populations;⁴ and
- practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres, and nursing outposts, and with diverse partners, to meet the health needs of specific populations.⁴

Section 1: Guiding Principles, Beliefs, & Values

Public health/community health nursing is a synthesis of nursing theory and public health science. The basis for public health/community health nursing includes a wide range of models and theories, such as:

- population health promotion and primary health care (where the focus is on promoting and maintaining health),
- illness and injury prevention,
- community participation, and
- community development.

Nursing Metaparadigm

The nursing metaparadigm identified by Fawcett¹⁶ and later updated by Schim and Benkert et al.¹⁷ is widely used to describe key aspects of nursing knowledge. It reflects the beliefs held by the nursing profession about context and content. (See Figure 1.)

We have used this concept of the metaparadigm to organize the guiding principles, beliefs, and values of public health/community health nursing set out in this booklet.

Figure 1. Key aspects of nursing knowledge (metaparadigm)



Adapted from Schim and Benkert et al.¹⁷

Nursing

Public health/community health nurses...

- are self-motivated and self-directed
 - They work autonomously and independently in a variety of settings.
- work collaboratively
 - They work together and in consultation with the community and with both nursing and other colleagues.
- use evidence to inform their practice decisions
 - They incorporate research findings into their practice.¹⁸
- participate in the research process
 - They do so by identifying clinical nursing problems which lend themselves to research and will aid in the creation of evidence-based nursing practices and effective action for community health.
- share knowledge and skills with students
 - They do this using a practical training model (preceptor process) that enhances the practice of both parties.
- integrate multiple ways of knowing into their practice
 - They pursue aesthetic, empirical, ethical, personal, and socio-political knowledge to further their understanding of public health/community health nursing.
- work within a socio-environmental (ecological) model for health promotion
 - They consider social determinants of health in planning approaches and activities.
- are responsible for maintaining both professional nursing standards and public health standards
 - They do so by:
 - being accountable for the quality of their own practice,
 - evaluating their own performance and ongoing professional development,
 - taking responsibility for meeting core competencies for practice, and
 - striving for excellence by making sure that their knowledge is current and that they engage in lifelong learning.

Public health/community health nursing practice is guided by the Canadian Nurses Association's (CNA) Code of Ethics.¹⁹

Nurses in all domains of practice bear the ethical responsibilities identified under each of the seven primary nursing values.

- *Providing safe, compassionate, competent and ethical care*
- *Promoting health and well-being*
- *Promoting and respecting informed decision-making*
- *Preserving dignity*
- *Maintaining privacy and confidentiality*
- *Promoting justice*
- *Being accountable*

–Canadian Nurses Association (p.8)¹⁹

Person

Public health/community health nurses...

- intervene with communities, families and individuals and contribute to the health of groups, aggregates, and the total population
- recognize that the community, family and individual each have physical, psychological, social, spiritual, cultural, and developmental characteristics
- recognize that empowerment is an active process that involves people discovering and using their own strengths so they can move towards more individual and community control, political effectiveness, improved community life, and social justice

Health

- Health is a basic resource for everyday living.
 - It is influenced by circumstances, hereditary factors, beliefs, and culture, as well as by social, economic, and physical environments. This view of health puts the focus on the role of the community, the family, and the individual in defining what health means to them and in planning and implementing public policy that will enhance health.
- Public health/community health nurses participate as active partners with communities, families, and individuals.
 - In taking on this active role, their goal is to promote, maintain, and restore health.
- Communities, families and individuals have the right to necessary information on which to base decisions.
 - These rights allow people and communities to make the healthy choices that will allow them to take more control over and to be responsible for their own health. The nurse encourages clients to enhance self-care, self-help, and support others (mutual aid).
- The community, family, and individual have a right to essential health care.
 - Essential health care is accessible, affordable, comprehensive, coordinated, participatory, and culturally appropriate.
- Nurses in the community have a unique role in contributing to the health of the population/community.
 - They fulfill this role by working toward the goal of health for all and by providing access to services.

Please note: Primary health care, as defined by the Alma-Ata,²⁰ differs from primary care (see Glossary, page 32).

Environment

- Nurses are proactive about social and health care trends, changing needs, and new policies and laws that may affect the health of communities, families, and individuals—and the health care system.
- Public health/community health nurses are leaders in the efforts to devise and promote public policy which will enhance health and empower communities.
- The environment in which the nurse practices may be both a source of support and stress. These include:
 - the economic situation and political climate,
 - social, cultural, and religious setting,
 - living conditions, health, and resources of the community, and
 - safety factors.
- All these aspects of the environment may affect the health of the community, family, or individual in unique and ever-changing ways.

Social Justice

- Social justice and equity are the foundations of nursing.¹⁹
- Nurses work with and on behalf of individuals, groups, and communities to reduce inequalities and support health for all.
- Public health/community health nurses know that caring is a principle of social justice as well as an essential and global human need which is expressed in different ways across cultures and practice domains.

Section 2:

Foundations of Public Health Practice

The foundations of public health practice were described in the 1990 *Green Book*, by the Minnesota Department of Health's *Public Health Interventions Applications for Public Health Nursing Practice*,¹⁰ and are referenced in a number of recent Canadian sources.^{4,6,21,22}

Health promotion is central to public health practice. Health promotion, as defined in *Achieving Health for All*²³ and the *Ottawa Charter for Health Promotion*,²⁴ goes beyond the idea of merely providing health information; “health promotion is the process of enabling people to increase control over, and to improve, their health” (p.1).²⁴

The practice of public health is population-based. This means that public health/community health nursing practice:

1. Focuses on entire populations and sub-populations that have similar health concerns or characteristics.

Population-based interventions include everyone who is in the “population-of-interest” or the “population-at-risk.”

2. Is guided by an assessment of population health status that is determined through a community health assessment process.

Priorities and plans are set as a result of an analysis of health status (risks, problems, assets, etc.) within populations.

3. Considers the broad determinants of health.

Broad determinants of health focus on the entire range of factors that determine health, rather than just personal health risks or disease. Broad health determinants²⁵ as described by the Public Health Agency of Canada include:

- income and social status,
- social support networks,
- education and literacy,
- employment/working conditions,
- social environments,

- physical environments,
- personal health practices and coping skills,
- healthy child development,
- biology and genetic endowment,
- health services,
- gender, and
- culture.

4. Considers all levels of prevention, with a focus on primary prevention.

Primary prevention activities solve problems before they exist. This kind of practice keeps the problems from occurring in the first place and seeks to reduce health and social inequality. Primary prevention activities focus on resilience and protective factors with the hope of reducing the number of, and exposure to, risk factors.

5. Considers all levels of practice by including a community focus, a systems focus, and an individual/family focus.

Community-focused practice is aimed at entire populations within a community or sometimes toward target groups within those populations. *Systems-focused practice* does not deal directly with individuals and community but with systems that have an impact on health such as policies, laws, organizations, and power structures. *Individual/family focused practice* is aimed at developing positive attitudes, beliefs, and behaviours in individual(s). This practice level targets individuals alone or as part of a family, class, or group.

Section 3:

Roles of the Public Health/ Community Health Nurse

To function in their roles, public health/community health nurses must use advanced decision-making strategies such as the nursing process, which combines judgment, action, responsibility, and accountability. Public health/community health nurses must take the time to inform themselves about current community health issues and new technologies, so they can properly apply public health science and epidemiological principles to their work.

These are the areas in which public health/community health nurses play key roles:

I. Role in Health Promotion

- Encourages the adoption of health beliefs, attitudes, and behaviours that contribute to the overall health of the population through public policy, community-based action, public participation, and advocacy or action on environmental and socio-economic determinants of health, as well as health inequities.⁷
- Supports public policy changes to modify physical and social environments that contribute to risk.
- Assists communities, families, and individuals to take responsibility for establishing, maintaining, and/or improving their health by adding to their knowledge or control over (and ability to influence) health determinants.
- Works with others and leads processes to enhance community, group, or individual plans that will help society to plan for, cope with, and manage change.
- Encourages skill building by communities, families, and individuals so they can learn to balance choices with social responsibility and, in turn, create a healthier future for all.
- Initiates and participates in health promotion activities in partnership with others such as the community and colleagues in other sectors.

II. Role in Disease and Injury Prevention

- Reduces the risk of infectious disease outbreaks; this includes early identification, investigation, contact tracing, preventive measures, and activities to promote safe behaviours.⁷

- Applies epidemiological principles and knowledge of the disease process so as to manage and control communicable diseases using prevention techniques, infection control, behaviour change counseling, outbreak management, surveillance, immunization, episodic care, health education, and case management.
- Uses appropriate technology for reporting and follow-up.
- Uses effective strategies to reduce risk factors that may contribute to chronic disease and disability; this may include changes to social and economic environments and inequities that increase the risk of disease.
- Helps individuals and families to adopt health behaviours that reduce the likelihood of disease, injury, and/or disability.
- Encourages behaviour changes to improve health outcomes.

III. Role in Health Protection

- Acts in partnership with public health colleagues, government, and other agencies to:
 - ensure safe water, air, and food,
 - control infectious diseases, and
 - provide protection from environmental threats (including delegating or carrying out delegated regulatory functions).⁷
- Takes the lead in identifying issues that may need attention and offers public health advice to groups such as municipal governments or regional districts about the public health impact of policies and regulations.
- Works with individuals, families, and communities to create or maintain a safe environment where people may live, work, and play.

IV. Role in Health Surveillance

- Is aware of health surveillance data and trends; applies this knowledge to day-to-day work.
- Integrates eco-social surveillance that focuses on broad, multi-level conditions that contribute to health inequalities.
- Mobilizes formal and/or informal networks to systematically and routinely collect and report health data for tracking and forecasting health events or health determinants.
- Collects and stores data within confidential data systems; integrates, analyzes, and interprets this data.
- Provides expertise to those who develop and/or contribute to surveillance systems, including risk surveillance.⁷

V. Role in Population Health Assessment

- Uses health surveillance data to launch new services or revise those that exist.
- Contributes to population health assessments and includes community viewpoints.
- Plays a key role in producing and using knowledge about the health of communities (or certain populations or aggregates) and the factors that support good health or pose potential risks (determinants of health), to produce better policies and services.⁷

VI. Role in Emergency Preparedness and Response

- Contributes to and is aware of public health's role in responding to a public health emergency.
- Plans for, is part of, and evaluates the response to both natural disasters (such as floods, earthquakes, fires, or infectious disease outbreaks) and man-made disasters (such as those involving explosives, chemicals, radioactive substances, or biological threats) to minimize serious illness, death, and social disruption.⁷
- Communicates details of risk to population subgroups at higher risk and intervenes on their behalf during public health emergencies using a variety of communication channels and engagement techniques.

Section 4:

Activities of the Public Health/ Community Health Nurse

Since it is impossible to identify every activity, strategy, or public health program across Canada which reflects the public health/community health nurse's role in primary health care, we will describe only general activities.

The activities listed below appear *in alphabetical order* and not in order of importance and build on the Minnesota Department of Health, *Public Health Interventions Applications for Public Health Nursing Practice*.¹⁰ Please refer to the Endnotes (page 30) and to the Bibliography (page 38) for the literature that was used to identify, define, and refine the list of public health/community health nurse activities. Our Expert Group then reviewed and edited that list of activities to create the list we present here.

Advocacy

- Helps individuals, families, and groups become aware of issues that may impact on their health; the focus may be on those who are disadvantaged due to socio-economic status, age, isolation, culture, lack of knowledge, etc.
- Works to develop clients' capacity to speak for themselves.
- Uses advertising and media in skilful ways, for advocacy.
- Promotes resource development that will lead to equal access to health and health-related services.
- Uses collaborative approaches and acts as an advocate for change.
- Shows a strong commitment to equity and social justice and speaks out for equity in health through legislation and policy-making activities.
- Acts as spokesperson, when asked, to represent the views of individuals and groups seeking to promote their health.

Building Capacity

- Encourages and supports the community to be active in stating and taking ownership of health issues that need to be resolved; this may include working with the community to develop skills in how to access resources, how to develop social networks, and how to learn from the efforts of others.
- Acts as a catalyst to help resolve issues and concerns.
- Educates community members about the political process as it relates to community health issues and about how they can become active in decisions about health issues.

- Helps the community (and its members) better understand that their own abilities may be their best health resource.
- Uses group process and leadership skills.

Building Coalitions and Networks

- Sees the need for and identifies opportunities to build coalitions and networks to promote health or prevent illness.
- Identifies the type of coalition that best fits the mission or purpose.
- Facilitates skill development (capacity building) of community members and supports community engagement.
- Makes clear how leadership and guidance will work and supports development of agreed-upon roles, rules, and procedures.
- Helps to create links between the broader community and the coalition/network.
- Provides support as requested by the coalition or network.

Care/Counseling

- Establishes a therapeutic relationship based on trust, respect, caring, and listening.
- Uses clinical skills to assess the client's ability to participate in joint planning, implementation, and evaluation of nursing interventions.
- Uses health promotion, illness, and injury prevention techniques that are client-centred, client-driven, and strengths-based.
- Helps clients to accept their share of responsibility for health.
- Sets and maintains boundaries, monitors the counselling relationship, and effectively plans and manages the process until the relationship ends.
- Remains sensitive to how each client is unique and to the client's vulnerabilities, while placing the focus on enhancing the client's strengths.
- Promotes client self-care and/or avoidance of harm to self and others.

Case Management

- Actively engages with individuals, groups, and communities; this may involve case-finding, a process of identifying individuals and/or families who may be at risk and who meet the agency's criteria for case management.
- Assesses the resources and services that will be needed to build on the client's strengths and skills and thus help the client to attain and/or maintain a desired health status or set of healthy behaviours for improved quality of life.
- Builds trusting relationships and works with clients to identify and resolve health issues.
- Develops, implements, and evaluates an agreed-upon plan with the client; the plan respects the client's (and sometimes a family's) control over their health

and decisions; it prepares the client for an end to the professional relationship (except when child protection or other welfare concerns apply).

- Supports individuals and families to build on their strengths and skills so they can find and access available resources and services and thus attain or maintain a desired health status.
- Links individuals and/or families with needed services and resources.
- Uses an inter-disciplinary approach and cooperates with other organizations as needed, based on how complex the circumstances are.
- Coordinates services and applies plans in a logical sequence together with individuals and/or families.
- Helps to resolve potential or actual barriers in the way services are provided.
- Evaluates progress with individuals and/or families and revises service plan(s) as needed.

Communication

- Uses oral and written skills, along with visual, print, and other media to:
 - build trusting, helping relationships,
 - convey health information, including details on risk,
 - assess knowledge, attitudes, beliefs, etc.,
 - help clients find options for making choices that will meet their health needs and/or allow them to speak up for themselves.
- Negotiates or contracts with health care, social services, or resource agencies, and all segments of the community, to ensure clients have access to services.
- Uses effective communication with team members.
- Effectively addresses and manages conflict.
- Contributes to and plays an active role in health promotion and social marketing that support attitudes and/or beliefs to reduce health inequalities and improve health outcomes.
- Works to achieve inter-agency and inter-governmental cooperation.
- Uses effective risk communication approaches.
- Acts as a spokesperson, as needed, on public health issues.
- Uses appropriate technology to manage, mitigate, and communicate about public health events; this includes good record keeping.

Community Development

- Applies knowledge of community assessment and community development models to support public participation in identifying and resolving health issues.
- Uses a strengths-based approach that supports capacity development and empowerment in the community.

- Works with the community to make decisions about, and claim ownership of, changes needed to enhance community health.
- Recognizes the value of community wisdom and supports community-generated plans for economic development, environmental improvement, or other community-based plans.
- Assists in the development of health services and programs based upon community assessments, in order to meet the health needs of the community.
- Fosters and supports inter-agency links and working relationships.
- In developing programs, uses awareness of factors which impact on or affect health such as social, cultural, and economic issues, as well as environmental hazards.

Consultation

- Uses knowledge and expertise in public health, especially in health promotion, disease and injury prevention, epidemiology, and emergency preparedness to inform clients, lay helpers, nursing students, colleagues, other professionals, professional associations, non-profit agencies, organizations, institutions, the public, and all levels of government.
- Acts as a resource person to communities, groups, and individuals.
- Uses knowledge of a community to link those needing services to the correct community resources.
- Uses discussion with the client to clearly outline what will happen during a consultation.
- Collaborates with the client and adapts the consultation to meet the client's needs; helps the client find ways and options for change and improvement.

Facilitation

- Works with groups or individuals to use effective processes to:
 - bring people together and create a setting where ideas and points of view may be shared openly;
 - clarify issues or processes;
 - ensure that meetings are run well and achieve a high degree of agreement on the meeting's stated goals and objectives;
 - support building of community, group, and individual capacity.

Health Education

- Assesses the knowledge, attitudes, values, beliefs, behaviours, practices, stage of change, and skills of the learner.
- Considers contexts that may impact the person's ability to learn, such as environment, readiness, and other factors; involves the learner in setting health education needs.

- Supports knowledge development, generation, and translation.
- Selects and adapts the teaching methods that are most likely to meet the needs of the learner and considers the learner’s cultural preferences and stage of change.
- Uses content expertise on a topic to offer formal presentations and educational programs, as well as informal teaching to communities, groups, families, and individuals.
- Emphasizes health promotion, disease and injury prevention, and the determinants of health.
- Includes knowledge of behavioural sciences in teaching and applies the correct learning principles, pedagogy, and educational theories to educational activities.
- Evaluates effectiveness of health education interventions.
- Uses novel health promotion strategies in service delivery.
- Uses marketing techniques to promote both community health programs and healthy living.

Health Threat Response

- Supports early identification of a health threat by gathering data from many sources at the same time (to understand the cause, natural course, and expected outcomes of the disease or health threat).
- Follows established criteria for responding to population-level threats (such as fire or flood) as well as criteria for case investigation including: the collection and analysis of data from multiple valid sources; identification of factors likely to cause the problem or risk; offering options for prevention (at the primary, secondary, or tertiary levels); providing options for preventive care as required; and referral and follow-up for those who need treatment.
- Uses effective risk communication techniques to inform individuals and the public, as well as colleagues and other health professionals.
- Evaluates the impact of the public health response and identifies implications for future practice.

Leadership

- Applies current knowledge of professional, community, and political issues to develop a proactive approach to health and environmental issues.
- Initiates and participates effectively in intersectoral efforts.
- Initiates action and encourages individuals, the community, and people in positions of power to take action.
- Acts as an interim leader until the community can take the needed action.

Outreach

- Uses community assessment data to determine population health needs and designs activities to address the unique features of the population of interest.
- Uses strategies to engage with people where they live, work, learn, or play.
- Builds trusting relationships and engages the client in identifying and resolving health issues.
- Uses a holistic approach which includes finding solutions to service access barriers.
- Seeks to get involved in, change, and provide services in environments where risk is higher (engages in harm reduction activities).
- Uses proven methods, such as early involvement of key stakeholders when developing outreach plans.

Policy Development and Implementation

- Identifies areas in need of policy and program development.
- Participates in implementing and evaluating policy.
- Helps to set clear philosophies, policies, standards of practice, and program objectives with measurable outcomes for nurses and other health care providers.
- Uses the political process to promote health.
- As a delegated act, may enforce policy by requiring others to comply with laws, rules, regulations, and policies.
- Uses excellent communication skills to foster relationship-building, collaboration, negotiation, and conflict resolution when differing points of view on policy enforcement occur.

Referral and Follow-Up

- Supports the client's control of referrals and follow-up; this includes the client's right to refuse a referral.
- Supports the referral process by using a number of ways to ensure, where possible, that a link to service has occurred.
- Uses links with other providers, organizations, and networks to make needed resources and services available to populations at risk.
- Carries out intervention strategies that fall within the employer/agency's mission and goals.
- Helps to evaluate referral and follow-up processes and strategies.

Research and Evaluation

- Identifies and supports investigation into key issues and approaches relevant to community health and wellness; where possible, uses the right methodology, such as participatory research methods, to involve community members in planning or carrying out research.

- Shares research and program evaluation information with colleagues, educators, nursing students, other professionals, and the public.
- Participates in research projects.
- Uses structure, process, and outcome-oriented research as a guide to practice and evidence-informed decisions.
- Uses research findings to assign human and financial resources and to evaluate interventions.
- Identifies program areas which need to change; works with other colleagues to alter programs.

Resource Management, Planning, Coordination

- Uses evidence-informed and best practices in planning to support responsible and accountable resource management.
- Applies concepts of social justice in assigning time and other resources to promote health equity.
- Acts as agent to marshal and advocate for human, financial, and physical resources.
- Involves communities, families, and individuals in health services planning and priority setting.
- Shares information about community resources.

Screening

- Conducts evidence-based screening.
- Ensures the client understands the reason for screening and the procedure; ensures that follow-up is available.
- Monitors and evaluates screening activities and documents both the process and the results.
- Seeks input from those to be screened and collaboratively designs culturally sensitive interventions with other professionals.
- Uses screening activities as an opportunity to provide health education and counselling.

Surveillance

- Uses resources and the correct technology to get the information that is needed about a problem, its natural course, and its aftermath.
- Actively participates in informal surveillance and shares findings with those who may be able to use it.
- Follows established protocols for surveillance, such as maintaining the confidentiality of data/information, and collecting enough data from a number of reliable sources.

- Uses and applies surveillance information to practice.
- Interprets and shares surveillance data in a way that decision-makers, the community, and the public can understand.
- Understands the implications of surveillance data.

Team Building and Collaboration

- Uses techniques that foster team building, mutual respect, and joint decision-making in all interactions with colleagues, educators, nursing students, other professionals, and the public.
- Uses mediation skills to facilitate inter-agency and inter-governmental cooperation.
- Commits to a capacity-building approach that uses collaboration (with two or more people or organizations) to promote and protect health.

Section 5: Qualifications and Standards and Competencies for Nurses in Public Health/Community Health

A. Qualifications

Required:

- a baccalaureate degree in nursing
- membership in a professional regulatory body for registered nurses

Additional (optional):

- certification in Community Health Nursing through the Canadian Nurses Association
- master's degree relevant to public health

B. Standards and Competencies

Public health/community health nurses require a broad range of competencies to be effective in their role; they have interrelated standards of practice.

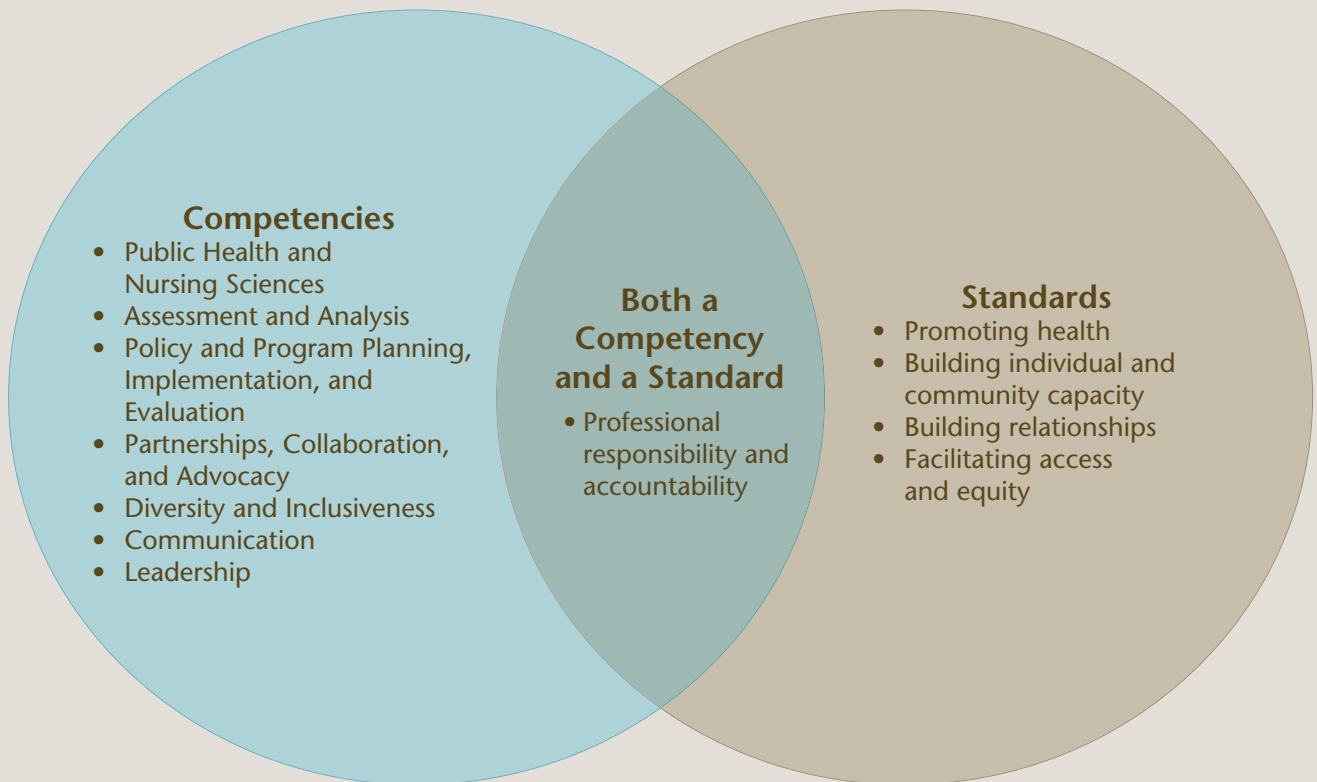
Standards and competencies for public health/community health nurses are identified in these three key documents:

- *The Canadian Community Health Nursing Standards of Practice*⁴
A “standard refers to a level of service intervention or outcome” (p.1).²⁶
- *Core Competencies for Public Health in Canada Release 1.0*⁵
Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach. The generic core competencies provide a baseline for what is required to fulfill public health system core functions. These include population health assessment, surveillance, disease and injury prevention, health promotion and health protection (p.1).⁵

- *Public Health Nursing Discipline Specific Competencies Version 1.0*⁶
 “Discipline-specific competencies include the individual-based breadth and depth of core and technical competencies that are used to define a particular discipline” (p.3).²⁷

The relationship between public health competencies (eight categories of competencies) and community health nursing standards (five standards) are shown in Figure 2.²⁸

Figure 2: Public health competencies and community health nursing standards



Conclusion

Canadian public health/community health nurses must continue to exercise control over their practice. Two ways to ensure this happens are:

- to remain aware of the evolving nature of community health needs, and
- to make sure nurses are well prepared to respond to those needs.

People working in the field have a responsibility to speak out and advocate for public health/community health nursing. It is an area of nursing practice that makes a unique contribution along the continuum of care. Public health/community health nurses must be visionaries; they hold the key to unlocking their own enhanced practice and status in the 21st century.

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Glossary

The terms defined here are adapted from the sources cited.

Advocacy: Speaking, writing or acting in favour of a certain issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations, people living in poverty, or people living with HIV/AIDS.¹

Analysis: The examination and evaluation of relevant information in order to select the best course of action from among a number of alternatives. In public health, this requires that information from a variety of sources be included.¹

Assessment: A formal method of evaluating a system or a process that often includes both qualitative and quantitative aspects in the process.¹

Attitude: A relatively stable belief or feeling about a concept, person or object. One can often infer what a person's attitude is by observing the person's actions. Related to values as defined in this Glossary.¹

Case management: A way to manage care that enhances the ability of people or families to care for themselves also enhances the capacity of systems and communities to coordinate and provide services.²

Client: may refer to an individual, family, group, or community; the way the term is used depends on the context in which it is used.³

Coalition building: promotes and develops alliances among groups or constituencies for a common purpose. It builds links, solves problems, and/or enhances local leadership to address health concerns.²

Collaboration: A relationship among different sectors or groups, which have been formed to take action on an issue in a way that works better or is more sustainable than if the public health sector were acting alone.¹

Communication skills: These are the skills public health professionals need if they are to transmit and receive ideas and information to and from the people and groups they work with. Communication skills include the ability to listen, to speak and write in plain language, and to support verbal skills with visual images.¹

Community: an organized group of people bound together by social, cultural, job, or geographic ties. It may be as simple as a number of families and others who organize themselves to survive, or as complex as the world community with its highly organized institutions.³

Community development: is the process of involving a community in the identifying and strengthening those aspects of daily life, cultural life, and political life which support health. This might include support for political action to change the total environment and strengthen resources for healthy living. It could also be work that reinforces social networks and social support within a community or seeks to develop the community's material resources and economic base.³

Community participation: Actions that involve members of a community in direct decision-making about issues that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intense action and participation in community development (including political campaigns and planning). The *Ottawa Charter for Health Promotion* emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies, and implementing them to achieve better health.¹

Consultant/specialist: Consultants/specialists are public health staff who are likely to have advanced knowledge or skills in a special content area. They provide expert advice and support to front-line workers and managers, although they may also do direct work with clients. Examples of consultants/specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners, and advanced practice nurses.¹

Consultation: A process that seeks to gather information and to find ways to solve problems or issues through interactions within a community, a system, a family, or individual. The community, system, family, or individual selects and acts on the option that best meets their needs.²

Counselling: Sets up an interpersonal relationship with a community, a system, a family, or individual; the goal is to increase or enhance their capacity for self-care and coping. Counselling engages the community, system, family, or individual at an emotional level.²

Core competencies for public health: Core competencies are the essential knowledge, skills, and attitudes needed for the practice of public health. They transcend the boundaries of specific disciplines, programs, and topics. They provide the building blocks for effective public health practice and use of an overall public health approach.¹

Culturally relevant (and appropriate): This is a process and state of recognizing, understanding, and applying attitudes and practices that are both sensitive to and correct for working with people with diverse cultural socio-economic and educational backgrounds, and people of all ages, genders, health status, sexual orientations, and abilities.¹

Data: A set of facts; one source of information.¹

Delegated functions: Direct care that a registered nurse carries out under the authority of a health care practitioner as allowed by law. It also includes any direct care a registered nurse trusts other people with the correct knowledge and skills to perform.²

Determinants of health: Things that cause, are associated with, or induce health outcomes. Public health's basic concern is with action and advocacy to address the full range of ways in which determinants of health may change – not only as relates to the actions of individuals, such as health behaviours and lifestyles, but also to income and social status, education, job status and working conditions, access to health services, and the physical environment. These diverse determinants of health, when viewed as a whole, create the living conditions which have an impact on health.¹

Disease and injury prevention: Measures to prevent disease and injury, such as risk factor reduction. It also refers to measures to stop the progress and reduce the impact of disease or injury that might already exist. Disease and injury prevention is sometimes used as a “sister” term along with health promotion.¹

Diversity: The demographic features of populations that are easily seen, such as ethnic, linguistic, cultural, or social variations among groups of people in the general population.¹

Empowerment: A process through which people gain greater control over decisions and actions that affect their health. Empowerment may be a social, cultural, psychological, or political process through which people and social groups are able to express their needs, present their concerns, devise ways to become involved in decision-making, and act to achieve their political, social, and cultural goals. (See definition of health promotion.)¹

Epidemiology: The study of rates of disease and determinants of health; how they are distributed in a population; and the application of this study to control health problems.⁴

Equity/equitable: Equity means fairness. Equity in health means that people's needs guide the way opportunities for well-being are distributed. Equity in health is not the same as **equality** in health status. The health status of individuals and populations are not equal, due to genetic differences, diverse social and economic conditions, or lifestyle choices. Inequities occur because differences in opportunity exist, such as unequal access to health services, healthy food, or proper housing. In such cases, **inequalities** in health status arise as a result of **inequities** in life opportunities.¹

Ethics: The branch of philosophy that deals with distinctions between right and wrong, and with the moral impact of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom, and seeking to do good rather than harm. The concept of equity, or equal consideration for every individual, is the highest value. In public health, the community's need to be

protected from risks to health may override individual human rights, for instance when people with a contagious disease are isolated or their contacts are subject to quarantine. Finding a balance between the public health need for access to information and the individual's right to privacy (including personal information) may also be a source of tension.¹

Evaluation: Methods that attempt to systematically and objectively measure the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.¹

Evidence: Information such as analyzed data, published research findings, results of evaluations, prior experience, or expert opinions; some or all of these may be used to reach conclusions on which decisions are based.¹

Facilitate (Facilitation): To make easy or easier.⁵

Front-line provider: Public health staff who have post-secondary education and experience in the field of public health. Front-line providers have enough experience in public health to work on their own, with very little supervision. They carry out most of the day-to-day tasks in the public health sector by working directly with clients, including individuals, families, groups, and communities. Their work may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other tasks. Examples of front-line providers are public health/community health nurses, public health/environmental health inspectors, public health dietitians, dental hygienists, and health promoters.¹

Health: as defined by the World Health Organization (WHO), "health" is a state of complete physical, mental and social well-being; it is also a resource for daily life. It is affected by circumstances, beliefs, culture, and the physical environment. This view of health emphasizes the role of the community/family/individual in defining what health means to them and in planning and applying healthy public policy.³

(Health) planning: A set of practices and procedures whose goal is to enhance the efficiency and effectiveness of health services and to improve health outcomes. It is common for this important activity of all health departments to include short-term, medium-term, and long-range planning. In doing such planning, people must take into account how resources will be allocated, what the priorities are, how staff and physical facilities will be used, how to plan for emergencies, or how to cope with extreme demands or events. It also involves setting budgets within a chosen timeframe, often 5 years ahead but sometimes as far ahead as 10 or 15 years.¹

Health education: Communicates facts, ideas, and skills that change knowledge, attitudes, values, beliefs, behaviours, and practices of individuals, families, systems, and/or communities.²

Health policy: A course of action or principle that a government, political party, organization, or individual suggests or adopts. It is also the written or unwritten aims, objectives, targets, strategies, tactics, and plans that guide what a government or an organization does. Policies have three linked stages that should, in theory, evolve. These are development, implementation, and evaluation. Policy development is the creative process of setting a policy to meet a certain need or situation. Policy implementation consists of the actions taken to set up or change a policy, and evaluation is the assessment of how, and how well, the policy works in practice. Health policy is often set through legislation or other forms of rule-making, such as regulations and incentives that allow health and social services to be provided.¹

Health program: A description or plan of action for an event or sequence of actions over a short or longer time span. In a more formal sense, it is an outline of the way a system or service will function; this includes details such as roles and responsibilities, money to be spent, outcomes, etc. A health program is likely to be long-term and often multifaceted, whereas a health project is more likely to be a short-term activity with a narrower focus.¹

Health promotion: The process of helping people to increase control over and to improve their health. It embraces actions aimed at making people's skills and capacity stronger. It is also aimed at changing social, environmental, political, and economic conditions so as to reduce their impact on public and individual health. The *Ottawa Charter for Health Promotion* describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health services.¹

Health protection: A term to describe important public health functions in the areas of food hygiene, clean water, environmental sanitation, drug safety and other activities that remove, as much as possible, the risk of adverse impacts on health that are linked to environmental hazards.¹

Health threat: Any situation or factor that may represent a danger to the health of people.⁶

Information: Facts, ideas, concepts, and data that are recorded, analyzed, and organized in a way that allows for thoughtful review and later action.¹

Investigation: A complete and formal process of asking questions about a subject to gather facts and information that will allow us to understand, define, and resolve a public health issue.¹

Leadership: Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to work toward greater success in their community and/or the organization they work for. It involves inspiring people to create and achieve a vision and goals. Leaders provide mentoring, coaching, and recognition. They encourage empowerment, allowing other leaders to emerge.¹

Lifelong learning: A broad concept where people pursue education that is flexible, diverse and taken at different times and places during one's life. It happens at all levels—formal, non-formal, and informal—using many methods, such as distance learning and more mainstream classroom learning.¹

Manager/supervisor: Public health staff who are responsible for major programs or functions. In most cases, they have staff who report to them. Sometimes senior managers come from sectors other than public health and therefore rely on consultants, specialists, and other public health professionals for content knowledge and for advice. In other cases, managers with public health skills and knowledge bring more content knowledge to the job.¹

Mediate: A process through which the different interests (personal, social, economic) of people, communities, and different sectors (public and private) are resolved in ways that promote and protect health. Helping to create change in people's lifestyles and living conditions is likely to produce conflicts between the diverse sectors and interests in a population. Knowing how to resolve such conflicts in ways that promote health may require a lot of input from public health practitioners; their advocacy skills may need to be applied.¹

Mission: The purpose for which an organization, agency or service exists, often summarized in a mission statement.¹

Outreach: Locates populations-of-interest or populations-at-risk and informs them about the nature of the concern, what can be done, and how they can obtain services.²

Partnerships: Collaboration among individuals, groups, organizations, governments, or sectors for the purpose of joint action to achieve a common goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (sometimes a legal one) among the parties that sets out roles and responsibilities, as well as the nature of the goal and how the parties plan to pursue it.¹

Performance standards: The criteria by which the activities of health professionals or the organization in which they work, are assessed. The criteria are often set in advance, perhaps by an expert panel or group.¹

Policy development: A process of putting health issues on decision-makers' agendas. It involves having a plan to solve the problem and setting out what

resources are needed. Policy development results in laws, rules and regulations, ordinances, and policies.²

Policy enforcement: Methods in place to compel others to comply with the laws, rules, regulations, ordinances, and policies that stem from policy development.²

Population health assessment: Population health assessment involves understanding the health of populations and the factors that lie beneath both good health and risks to health. This kind of assessment often takes the form of community health profiles and health status reports that are useful in setting priorities, planning programs, and in program delivery and evaluation. Assessment involves looking at physical, biological, behavioural, social, cultural, economic, and other factors that affect health. The health of the population or a certain subset of the population can be measured by things such as life expectancy and hospital admission rates.¹

Primary care: A medical concept that is often described as front-line medicine.⁷

Primary health care: Primary health care is essential health care that is available to all people and families in the community by means they find acceptable, with their full participation, and at a cost that the community and country can afford. Primary health care addresses the main health problems in the community. It provides services to promote health, prevent disease, cure problems, and rehabilitate people, as needed.⁷

Public health: An organized activity of society to promote, protect, improve, and when necessary, restore the health of people, specific groups, or the entire population. It is a mix of sciences, skills, and values that function through programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” is a way of thinking, a set of disciplines, an institution within society, and a type of practice. It has more and more specialized domains and requires its practitioners to have a larger set of skills and expertise.¹

Public Health Agency of Canada (PHAC): Established in 2004, the Public Health Agency of Canada aims to protect and promote the health and

safety of all Canadians. Its focus is on preventing chronic diseases and injuries, on health promotion, and on responding to public health emergencies and infectious disease outbreaks.¹

Public health practitioner: (means the same as public health professional, public health worker). A generic term for any person who works in a public health service or setting. They may be classed by profession (nurse, doctor, dietitian, etc.); by role and function (direct contact with members of the public or not); whether their role is hands-on or administrative; and in various other ways.¹

Public health sciences: A collective name for the scholarly work that is the scientific basis for public health practice, services, and systems. Until early in the 1800s, scholarly activities were limited to natural and biological sciences. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioural sciences, demographics, genetics, nutrition, molecular biology, and more.¹

Referral and follow-up: This process helps people, families, groups, organizations, and/or communities to find and get access to needed resources in order to prevent or resolve health problems.²

Research: Activities that develop or contribute to knowledge, such as theories, principles, relationships, or the information on which these are based. Research may be done by observing and inferring, or by experiment, in which the researcher changes or manipulates conditions in order to observe and study the effects of doing so. In public health, the distinction between research and routine surveillance, case finding, etc. is not well-defined. Qualitative research aims to do in-depth work to understand a group or issue using methods such as focus groups, interviews, life histories, etc.¹

Risk communication: An exchange of information and opinion among individuals, groups, and institutions that includes discussion about risk types, levels of risk, and ways to manage risks. The process is defined by assigning responsibilities for decisions, actions, or policies aimed at managing or controlling health or environmental risks.⁸

Screening: Methods to identify risk factors or non-symptomatic disease states within a population.²

Self-help: Informal health activities and practices by individuals, families, and groups to promote good health and wellness in daily life.³

Social justice: The fair distribution of society's benefits and responsibilities. Social justice is based on the concepts of human rights and equity. With social justice in effect, all persons and groups, regardless of circumstances, are entitled equally to a basic quality of life: health protection, basic income levels, and opportunities to be healthy. It focuses on the position of one social group as compared to others, as well as on the root causes of disparities and what can be done to eliminate them.^{1,2,9}

Social marketing: The design and implementation of health communication strategies with the goal of having an impact on a target population's behaviour or beliefs or practices, on topics such as safe ways to handle and prepare food.¹

Surveillance: Systematic, ongoing collection, comparison, and analysis of health-related information that is communicated in a timely manner to all who need to know what health problems need to be acted upon in their community. Surveillance is a central feature of epidemiological practice where it is used to control disease. Information that is used for surveillance comes from many sources, such as reported cases of communicable diseases, hospital admissions, lab reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.¹

Sustainable development: The use of resources, investments, technology, and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way to order the complex relationships among development, the environment, and health which reveals all the key interactions or possible entry points for public health interventions.¹

Values: The beliefs, traditions, and social customs upheld and honoured by individuals and society.

Moral values are deeply-held beliefs that change little

over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and the need to protect infants, children, and other vulnerable people from harm.

Social values are more flexible and may change due to individual experience. They may include beliefs about the status and roles of women in society, as well as attitudes about the use of alcohol, tobacco, and other substances. Values can affect behaviour and health in ways that cause either benefit or harm.¹

Vision: If a strategic plan is the “blueprint” for an organization's work, then the vision is the “artist's rendering” of the achievement of that plan. It describes in words the ideal destination of the group's work together.¹

Working environment: The setting where people work. This consists not only of the physical environment and workplace hazards, but also the social, cultural, and psychological forces that help to create harmony among workers, or the opposite – tension, friction, distrust, and animosity. The latter can hinder well-being and increase the risk of injury.¹

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