



COMMUNITY
HEALTH NURSES
OF CANADA



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DU CANADA

Community Health Nurses of Canada

Centre of Excellence and Leadership Consultation Report

Community Health Nurses of Canada
7th Annual Conference
Kelowna, British Columbia

June 17, 2013

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CoE Committee Members:

Co-Chairs: Cheryl Cusack
Katie Dilworth

Working Group Members

Cheryl Armistead
Lisa Ashley
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Introduction

This is a Summary Report of the CHNC Centre of Excellence (CoE) and Leadership consultation that took place on June 17, 2013 at the 7th Annual Community Health Nursing Conference in Kelowna, British Columbia.

Participants

The session was held as a pre-conference consultation. No fees were charged for participation. The room had a 30 person capacity; this pre-conference session was the first to complete registration. Most registrants attended as planned; some new participants signed up that day. While most participants represented Public Health Nursing there was a representation from a range of practice domains including Home Health, Rural/Remote Nursing and Aboriginal Health; in addition to some student representation. Some participants self-defined as 'front-line' in discussion. 19 participants left an e-mail address indicating they wished to receive the consultation report.

Objectives

The original objectives for the consultation were:

- To learn about relevant work in developing a CoE
- To provide input to the formation of a CoE for Community Health Nursing.
- To identify relevant partnerships, funding opportunities, and strategies for sustainability of a CoE in Community Health Nursing.

Given the CoE will initially focus on Public Health Nursing (PHN), with leadership development as a central purpose the consultation was expanded to advance the National Collaborating Centre for Determinants of Health (NCCDH) *Public Health Nursing Leadership Development Project*. **An additional objective was added:**

- to contribute to knowledge, foster knowledge use, and accelerate the development of networks in building public health leadership capacity for health equity.

See Appendix A for a copy of the agenda.

Background and Context

The Centre of Excellence (CoE) Standing Committee, is a standing committee (cttee) of the Board of the Community Health Nurses of Canada, and is subject to the provisions of the Constitution and Bylaws.

- In the spring of 2012, CHNC established an ad-hoc committee to further the development of a Centre of Excellence (CoE) in Community Health Nursing. A CoE is defined as a structure, physical or virtual, whose purpose is to support and strengthen innovation and practice in community health nursing practice in all

domains (practice, administration, education, research, and policy) and build capacity through initiatives that include knowledge development, translation and transfer; leadership development; supporting communities of practice; and strengthening partnerships.

The CoE ad-hoc committee drafted:

- A detailed purpose and structure to move a CoE forward including a potential CHNC structure(s) to support a CoE which would include membership, accountability, processes to facilitate activities, potential partners, and sources of funding. This included a recommendation to establish a CHNC CoE Standing Committee; and Terms of Reference (TOR) for the CoE Standing Committee.
- The establishment of the CoE Standing Committee and Terms of Reference (TOR) were approved at the November 2012 CHNC Board of Directors meeting. The TOR stipulate the CoE will begin with a focus on Public Health Nursing; then expand to the full scope of CHN when the context permits.
- A CoE Standing Committee Co-chair was appointed in January 2013, and membership for the CoE standing committee was established. There was a period of overlap as the transitional committee was devolved and the Standing Committee structure developed.
- Through a small grant made available from the NCCDH, the CoE worked in partnership with NCCDH to hire a consultant and develop a report. The purpose was to contribute to leadership development planning, strategies and activities. This report includes a literature scan that describes leadership issues and leadership development opportunities for public health nursing leadership in Canada.

Consultation

Attendees were seated at four round tables in the conference room. Participants were prepared and encouraged to take an *Appreciative* lens to the two main purposes: advance a Centre of Excellence and PHN Leadership. The consultation took place primarily via two active engagement exercises: the first a 'Discovery' activity followed by a 'Dream and Design' exercise. Approximately half the participants focused on the CoE; while the others addressed Leadership however all participants had the opportunity to freely post additional 'Discovery' comments for both foci during an interactive refreshment break. Participant comments were captured on handouts at each of the four tables in addition to *Discovery* sheets posted on the walls. Comments were collated and organized into general themes. *Dream* and *Design* summaries include themes and priorities that emerged during the open 'wrap-up' discussion prior to the conclusion of the consultation. This report provides a general overview of participant written and verbal contributions as interpreted by the CoE committee members present during the consultation.

Appreciative Discovery Exercise - CoE

Discovery 1: Think about a time you saw or were part of an organization/group that best represents your idea of a 'Centre of Excellence'. What made it an example of Excellence for you? What worked well?

Discovery 2: Think about what gives/would give life to Centre of Excellence. What components, attributes or characteristics are most important in a CoE?

The following is a summary of the CoE 'Discovery' exercise, organized into themes.

CoE Themes: *What gives/would give life to Centre of Excellence?*

CoE	<ul style="list-style-type: none"> ➤ The 1st place I go for information <ul style="list-style-type: none"> - Legitimacy – knowledge, evidence for/from all domains of CHN - Clearing House for resources: decision-support, quality care... - Registry - clinical and research projects, Cochrane collaboration - Knowledge translation; access to knowledge and people; - Stories from the field and practice/research/academic/leadership exemplars - Showcase best practice exemplars from across the country (duplicate) - Educators, researchers, practitioners, policy makers - Common language (create) ➤ Structures for sustainability <ul style="list-style-type: none"> - Funding, skills and personnel - Board of Directors – including CHNC/CHN members - Subcommittees that report to the board – accountability - Membership from all provinces and territories – value for membership - Fellowship/secondment - Organizational supports; well-coordinated - Commitment/buy –in - Clear goals - <i>Example – RNAO spotlight org, Desouza Institute</i>
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- **Organizational culture, process and structure that support CHN excellence and access to opportunities**
 - Communication and inclusion
 - Space (virtual, other)
 - Links with other initiatives (accreditation)
 - Safeguard community health nursing as an area of expertise; full scope
 - Access to credentials/ C.E. accredited training for CHNs
 - Cultural competence
 - Coach/mentorship – consultant (duplicate)
 - Student/Master’s projects; link to practicum opportunities
- **Leadership and Strategic leverage**
 - Vocal, visible leaders; that represent all domains of CHN
 - Align strategies
 - Articulate the ethical; CHN ethics
 - Address foundational gaps - nursing education, interest groups, policy
 - Use media and technology to promote CHN
 - Identify and engage key people (diversity; sectors; disciplines)
 - Partner across multiple levels
 - Showcase best practice exemplars from across the country
 - Coach/mentorship – consultant

Dream and Design Exercise: CoE

The following is a summary of the CoE ‘Dream’ and ‘Design’ exercise, organized into themes. Please note that some Design ideas are embedded within the Dream comments.

Dream: Time to transform your Discoveries into an image of what could be. Imagine the 'best ever' CHN Centre of Excellence. What does it look like and what has it accomplished? Generate some Provocative Propositions to illustrate your dream for the future.

- **Dream:** Sustained budget at arms-length from government/politics
 - Charitable status – donations through colleges/foundations
 - Dedicated paid staff
 - Strategic Planning

- **Dream:** Big Government (Harper) calls to consult
- **Dream:** Leverage policy and legislation to create a system for (community) health
 - CHNs speak up and out
 - CHNs and Leaders on committees and in senior positions
- **Dream:** Big picture vision and action (is the norm)
- **Dream:** National Registry of CHN clinical and research projects (think Cochrane)

Design: What needs to happen to make your CoE dream become a reality? Who and what is involved? Who and what will help fund this dream (be creative – come up with great ideas no one has thought of yet). What are our first positive steps forward?

CoE Action Path

1. Work plan to move vision forward – including powerful partnerships
 - Inclusive of domains of CHN and peoples
 - Include IT sector
 - Consult existing exemplars: *RNAO spotlight org, Desouza Institute*
 - Be alert to opportunities to partner with policy-oriented people and organizations (help tap into action-oriented outcomes and funding opportunities)
2. Funding – go after big-time (and maybe unorthodox) Philanthropists; consider pros & cons of charitable status. Protect via arms-length status from politics
3. Full-time staff – Research, Education, Leadership, Knowledge translation, Policy, Fund-raiser, Administrative

Appreciative Discovery Exercise - Leadership

Using the Appreciative Inquiry methodology of Discovery, Dream Design, participants were asked to contribute to knowledge, foster knowledge use, and accelerate the development of networks in building public health leadership capacity for health equity.

Discovery 1: Think about a time you saw or were part of the ‘best’ PHN leadership you have known. What made it a ‘high point’ in PHN Leadership for you? What did the PHN Leaders do that worked well? “

Discovery 2: Think about what gives life to good PHN Leadership. What are the PHN leadership attributes and characteristics that matter most to you?

The following is a summary of the Leadership ‘Discovery’ exercise, organized into themes.

Leadership Themes: *What gives life to good PHN leadership?*

Leadership	<ul style="list-style-type: none"> ➤ Effective political relationships – big P and small p <ul style="list-style-type: none"> - CHNs: recognize their power to influence decision-makers - Strategic agility; know their allies - Create safe places for action/advocacy/learning - Small group; valuing the power of small steps ➤ Organic knowledge (people, context, environment) <ul style="list-style-type: none"> - Informal leaders; front-line practitioners and allies engaged - Cultural competency; invite multiple perspectives (Aboriginal) - Use stories to impact multiple levels (emotional and business) - Roll with resistance; negotiate ➤ Hard work and preparation meeting moments of opportunity: <ul style="list-style-type: none"> - Move passion to action - Evidence base; current information ➤ Never satisfied with status quo; <ul style="list-style-type: none"> - seek root cause understanding beyond problem-solving and solutions ➤ Create new leaders: <ul style="list-style-type: none"> - Mentorship - Dare students to be curious - Identify upcoming leaders - Undergraduate curriculum (leadership/community) ➤ Qualities <ul style="list-style-type: none"> - Vision, knowledge and infectious passion - Sense of humor - Moral core (ante up) and unwavering faith - Authenticity and humility
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Dream and Design Exercise: Leadership

The following is a summary of the Leadership 'Dream' and 'Design' exercise, organized into themes. Please note that some Design ideas are embedded within the Dream comments.

Dream: Time to transform your Discoveries into an image of what could be. Imagine 'best ever' PHN leadership – what does it look like and what has it accomplished? Generate some Provocative Propositions to illustrate your dream for the future.

- **Dream: CHNs are actively engaged in politics at all levels (ex. Minister of Health)**
 - Create political path for CHNs
 - Create a summer institute for CHNs in politics
 - Accessibility paths include respect for diversity, people's identity
- **Dream: Canada has a Chief Public Health Nursing Officer with power, accountability, and a budget**
- **Dream: A Collaborative Management Model** - across multiple levels within systems
 - Shared power and decision-making
 - The ministries of education and health work together
 - Public health, home care and primary care are co-located with equal power
 - Budget for Public Health is 70-80% of the national/P/T/ healthcare budget
 - Integrated healthcare delivery model – include universities, acute care and PH
 - University salaries on par with the community – to attract skilled educators
 - Inclusive of all peoples (acknowledge and honour culture and identity)
- **Dream: “Every Canadian knows their CHN”** (cited from the CHNC Brief to CNA National Expert Commission)
 - The public and CHNs understand who we are and what we do.
 - A TV 'reality' program for and about CHN and CHNs
- **Dream: Leadership mentorship is a natural & normal process in all health orgs**
 - Apprentice model - every leader mentored for a year
 - Disentangle management from leadership
- **Dream: Leaders know the Blueprint for Action (CHNC, 2011) and take action**
- **Dream: All front line CHNs are actively engaged with CHNC**
 - CHN conference accessible to all; front-line, cultural, domains of practice
 - Creative use of IT
 - Put forward white paper for discussion at the conference

Design: What needs to happen to make your PHN Leadership dream become a reality? Who and what is involved? How do we take positive steps towards the Dream?

- **Partner and Position**
 - Partnerships between health authorities and universities
 - Strong nursing leaders at the decision-making tables
 - Involve youth and youth leaders
 - Involve PHN unions
- **Engage the community;** enlist and welcome their buy-in
- **CNA to profile CHN nursing outcomes more and making it more visible**
- **Endorse/advance Community Health Centres** (ex. family care centres...)
 - Use strategic questions – including about CHN-related outcomes - to change practice and move services to the community

Leadership Action Path

1. CHN Visibility and Identity:

- Engage with the public, (front-line) CHNs and other sectors
- Integration of different sectors with academia
- Develop relationships with media, social media, video streaming, technology and traditional media
- Make CHNC conferences more accessible for front-line CHNs (ex. NCC – online conference alternating with physical conference)
- Partner with IT sector and telecom companies; seek win-win via corporate sponsorship of CHNC (beyond conference)
- Partner with colleagues in other orgs - keep it practice focused

2. Mentorship

- Implement a pathway for nurses to slowly learn their role in leadership in issues such as the SDOH
- Integrate into undergraduate education
- Integrate into CoE - reach and engage
- Develop a mentorship package – make it easy; provide ongoing coaching (coaches corner)

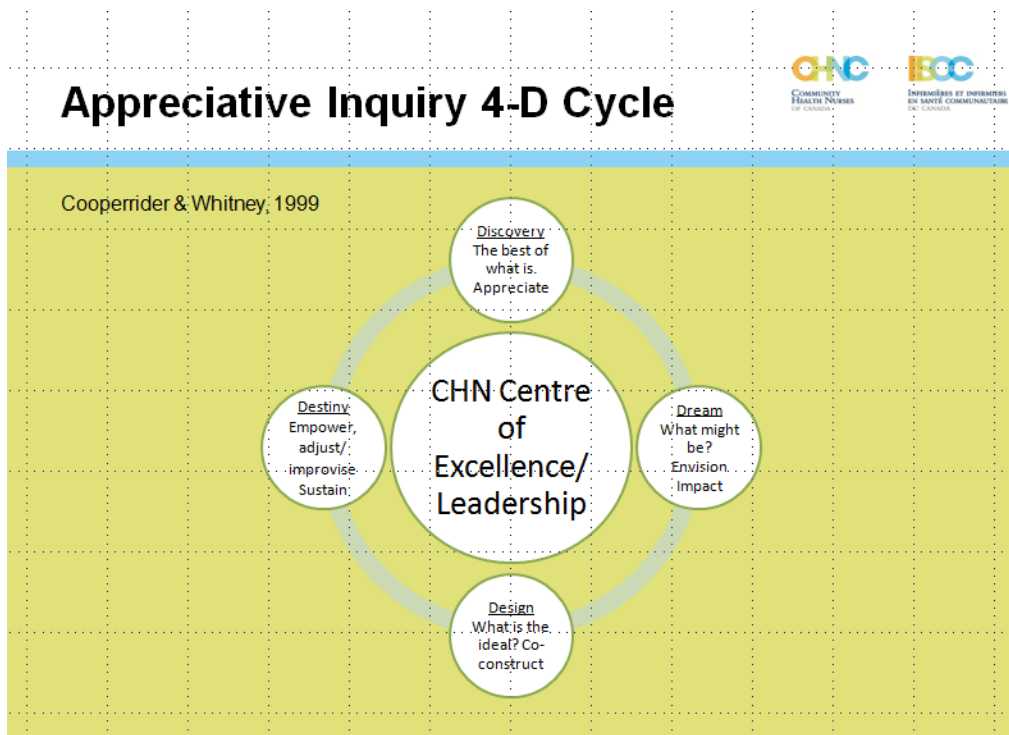
3. Politics

- Make it explicit; 'normalize' it
 - Build on existing resources/bases (CNA, RAO...)
 - PHNs are more politically active/CNA – lobbying/advocacy
 - PHNs to also use their power as citizens in their own community (municipal governments have ++ impact on SDOH)
 - Strong nursing leaders at tables – decision-making, fight for CH nursing with courage and contagious passion
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Appendix A - Pre-Conference Agenda

June 17, 2013 9:00-12:00		
9:00 – 9:15	Welcome Overview of Centre of Excellence Concept	Katie
9:15 – 9:25	Leadership in Public Health Nursing - context of CoE.	Ruth
9:25 - 10	Small Group: Introduce AI and description of activity 6 tables: 3 for CoE and 3 for Leadership One-pager at each table <ul style="list-style-type: none"> Ice-breaker for round table intros Begin brainstorming around Discovery phase (build on one-pager). Positive examples, experiences and attributes. What works well? What does it look like? <ol style="list-style-type: none"> What are the best qualities of public health nursing leaders? What leadership characteristics do you value most? CoE: Positive examples? Attributes and purpose. What works well (process)? What does it look like? Scribe to capture key messages 	Cheryl
10 – 10:30	BREAK During break: Free flow contributions to 'Discovery' posters	
10:30 -11:15	Return to Small Group: Introduce Provocative Propositions as strategy <ul style="list-style-type: none"> Dream phase – Provocative propositions for what CoE will be/do...Leadership will be/do... What might be? Desired/ideal future (magic wand). Get creative Design – what needs to happen to make it real (roadmap to future)? Who, how... What specific opportunities, funds, partners exist to tap into?... (Katie will design handout for each scribe/table) Scribe to capture key messages 	Cheryl Cheryl Ruth Katie Lisa
11:15 – 11:50	Large group reconvenes: sharing of key ideas, themes and solutions – -going to CoE, Leadership project and NCCDH	Cheryl
11:50-12:00	Wrap Up and Next Steps	Cheryl

Appendix B – Appreciative Inquiry Cycle



Our work today is informal; we are adopting an Appreciative lens together to help us move forward away from problem thinking – towards creating shared motivation and enthusiasm by envisioning future possibilities and performance.

We have two appreciative topics today:

1. Envisioning and creating a CHN Centre of Excellence and
2. Envisioning, developing and contributing to CHN/PHN Leadership (while project is PHN – CHNC is inclusive)

Discovery: what gives life to: a Centre of Excellence ---- CHN Leadership – generate insights together via positive stories/examples

Dream: ‘what might be’ – build on those insights and begin to imagine a positive future. This is a chance to be transformative – use Provocative Propositions to really carve out an ambitious dream to strive towards.

Design – OK – now you have a vision/dream – decide what needs to happen to bring that dream to reality. You can be both creative (outside the box is good) and pragmatic.

Destiny: not for today – but can inform ‘next steps’ thinking and action commitments.

Appendix C – Discovery Comments: Flipcharts

CoE – “Discovery Comments” recorded on Flip Chart Paper

The 1st place I go for info

Process and structure to support excellence/leadership-access to opportunities

HP is part of every RNs role/practice

Common language

Safeguard community health nursing as an area of expertise

CoE takes leadership in creating a shift to community based practice (vs medical model) –

community’s health capacity building

Quality care

Stories from the field

Mentorship from the amazing leaders who we already have

Example – RNAO spotlight org, Desouza Institute

Worked well

- promotes expanded practice
- Structures for sustainability
- Collaboration
- Commitment/buy –in
- Leadership
- Getting everyone engaged
- Organizational supports
- Funding
- Clear goals
- Links with other initiatives (accreditation)

Components, attributes, characteristics

Legitimacy – knowledge, evidence, skills, personnel

Accessibility for all levels of CHNs

Educators, researchers, practitioners, policy makers

National – equality for all provinces, professional groups

Shift of thinking – new philosophical framework

Resources – access to knowledge and people

Leadership –“ Discovery Comments” recorded on Flip Chart Paper

Mentoring

Passion

Advocacy

Daring students to be curious

Developing NP leadership

Cultural competency

Assertiveness

Current true research

Identifying upcoming leaders

Public health undergrad curriculum

Experience in public health

Public health at the forefront

Courage

Fight for public health

Collaboration

Sense of humor

Commitment

Avoid marginalization of public health

Understand and honor harm reduction

Move passion to action

Move from victim mentality to confidence model

Effective political relationships – big and small p

Using stories to impact multiple levels (emotional and business)

Organic knowledge (people, context, environment)

Nurses recognize the power they have to influence decision-makers

Value mentorship

Never satisfied with status quo

Hard work and preparation meeting moments of opportunity

Commitment to excellence

Unwavering faith

Authenticity

BS barometer

Facilitator of others

Humility

Appendix D – Appreciative Inquiry Exercises: Handout Comments

CoE Comments

Discovery 1: Think about a time you saw or were part of an organization/group that best represents your idea of a ‘Centre of Excellence’. What made it an example of Excellence for you? What worked well?

Organizational culture supports excellence
 Structural support, funding, communication, space
 Strategic use of media and technology to promote PHN
 Public health is part of every RNs practice – valued by all
 Videos on PHN website
 CoE needs to consider unique characteristics of PIT
 Create a common language
 CoE key to building “community’s health” and capacity for community health system
 Need stories from the field – passion, heart, grad course – with likeminded individuals/organizations
 Strategic leverage
 RNAO spotlight organization initiative
 Expanded practice
 Sustaining the excellence
 Collaboration
 Commitment/ buy-in
 Getting the right people engaged
 Leadership
 Organizational support – including on-going funding
 Clear goal
 RNAO provides supports such as structures
 Commitment to continue implementation
 Links to other initiatives such as accreditation
 Address foundational gaps - nursing education, interest groups
 Funding – national
 Federal passionate leaders
 Ties in social determinants of health
 Align in strategies
 Leaders, advocates, organized, powerful, coordinated
 Barriers: sustainability gaps, image of community nursing, partnership between HH/PH. Exposure to student nurses, colleges/universities

Discovery 2: Think about what gives/would give life to Centre of Excellence. What components, attributes or characteristics are most important in a CoE?

Cultural component – what needs to be in the place?
 Create a map to think and act for health
 Fight for the dilution of nursing work
 Create unified voice
 Bring in all HC sectors – primary care, public health, home health
 Articulation/safe guarding CHN expertise – articulate the ethical
 Resources to support decisions - Risks to quality care

Increase credentials/ C.E. for CHNs - ??hours
Capturing the clinical exemplars/stories
Visibility of best practice examples across the country
Legitimacy - knowledge/ EBP/ skills
Accessibility
Educators, researchers, policy makers
Equality of provincial groups/ professional groups
A philosophic framework – shift of thinking
Resources for knowledge
Coach/mentorship – consultant
Master’s practicum
Ongoing projects for student involvement
Clearinghouse
Applicable to all CHNs
Vocal, visible leaders
Opportunities
Mentorship
link with provincial and national nursing leaders and other nursing groups
staff fellowship/secondment
board of directors – including CHN members
Subcommittees that report to the board – accountability
Membership from all provinces and territories – value for membership
Strong advocacy and voice
Education – certification
Leadership development
Research – registry, projects, Cochrane collaboration CHN role
Practice/education
Leadership
Knowledge translation

Dream: Time to transform your Discoveries into an image of what could be. Imagine the 'best ever' CHN Centre of Excellence. What does it look like and what has it accomplished? Generate some Provocative Propositions to illustrate your dream for the future.

Every community knows their CHN and/or CHN team
Budget is not politically altered
Geographic location that facilitates inter-professional services to a community
Community advocates for community health nursing – this is what my CHN does for me
We want CHNs as integral part of the health system
Health and well-being of citizens are a priority
CoE – provide resources and strategies for creating health in their communities
Leveraging policy and legislation – to enable the health oriented system
Gap between nursing and medicine
Call from Harper – understand you know about the community
Think big
Understand big picture
Acknowledging excellence in a political focus
Utilizing existing knowledge and expertise
Cultural shift for nurses – to speak up
“I see, I know, I do”
No small vision

Nurses represented on committees – senior positions

Need to be part of “the law??”

Dedicated staff

Support from college of nurses

National versus provincial

Concentrated professional – no doing a hundred things

National creation – send to provincial groups

Research

Registry of CHNs – projects for involvement, body of knowledge

Address existing gaps - Equitable pay for CHN, nursing education, recruitment/retention

Funding – charitable status – donations through colleges/foundations

Strategic planning

Design: What needs to happen to make your CoE dream become a reality? Who and what is involved? Who and what will help fund this dream (be creative – come up with great ideas no one has thought of yet). What are our first positive steps forward?

Top 3 Themes: may include verbal comments during ‘wrap-up’

1. Partnership to gain strategic leveraging approach to building the centre
 - Home health agencies
 - NP
 - Parish
 - Primary care
 - Occupational health
2. Philanthropist to fund it
3. Focus on health and well-being of communities, families

Specific Recommendations: include verbal comments during wrap-up session

1. Work plan to move vision forward – including powerful partnerships
2. Funding – charitable status/fundraisers
3. Full-time staff – Research, education, Leadership, Knowledge translation, policy

Leadership

Discovery 1 Think about a time you saw or were part of the ‘best’ PHN leadership you have known. What made it a ‘high point’ in PHN Leadership for you? What did the PHN Leaders do that worked well? “

Vision – discussions can happen across Canada

Courageous, protecting PH, strategic agility

Understanding of political climate – most important part is strategic agility, knowing who your allies are

Ante up – having a moral core – knowing when you must ante up – get involved despite being very busy

Create a safe place where mistakes can happen – nurses need to feel safe to make mistakes

Include in undergrad curriculum (leadership/community)

Were not afraid to address problems or seek solutions

Changing programs to client based needs

Building NPs into the public health programs – links with primary care (experiences and literature)

Public health is the outreach, linking to other sectors

NPs as leaders in public/community health is growing

Example: implementation of EHRs @ Vancouver Coastal that is across the continuum

Cultural competency needs to be embedded – Aboriginal medicine wheel as a public health focus

Gentleness m assertiveness open to new ways of doing things but link with best practices

The way programs are presented – high pt of leadership

Always presenting information that is current and true

Strong link with primary care (esp in northern communities)

Seeing strong leadership being exhibited in students – leaders

Identifying upcoming leaders

Discovery 2 Think about what gives life to good PHN Leadership. What are the PHN leadership attributes and characteristics that matter most to you?

Getting to the core of the ??

Getting away from solution focus toward looking at root cause, challenging the status quo

Strong leadership necessary by a small group in order to move others forward

Rolling with resistance – negotiation and compromise

Learning how to do it – how to put together the vision, courage, political knowledge etc – they learn by making mistakes for ?? not in formal leadership positions; initially more freedom but there can be more challenges as well

Engaging leadership in the front line level – impact

Mentorship is important to develop leadership ability

Need time and mentorship skills

Promoting students in presenting and attending conferences

Mentoring

Advocacy – being able to advocate public health nursing

Needs to have experience in public health

Courage – honoring harm reduction strategies and perseverance

Believes and has passion that is contagious– passion of practitioners/managers and professors

What public health does is the meat and potatoes of health

Brings public health to the forefront

Push to not have public health marginalized within nursing, health, and education i.e. nursing exam from states is based on medical model – not the direction we want to go for Canada

Very knowledgeable

Being able to cross-train nurses working in northern reserves (PH, Primary care, HH)

Being able to fight for public health

Leaders of public health nurses should be RN or NP /or need someone with strong leadership skills

Collaboration and commitment

Dream: Time to transform your Discoveries into an image of what could be. Imagine 'best ever' PHN leadership – what does it look like and what has it accomplished? *Generate some Provocative Propositions to illustrate your dream for the future.*

Apprentice model - every leader mentored for a year

Dream is: this is national and normal process in all health orgs

Think about the Peter Punapl – always promoted 1 level beyond your ability in apprenticeship you would job security to try it for size – disentangle management from leadership

separate managers from leadership

Dream: a collaborative management model – shared power and decision-making

Dream: reduce barriers to CHNs in politics

Create political path, create a summer institute for CHNs in politics

Dream: an accessible CHN conference

Dream: the public and CHNs understand what we do. A CTV program for CHNs

Dream: Put forward white paper for discussion at the conference

Dream: Leaders know the BPA and take action

Dream: All front line CHNs are actively engaged with CHNC

In the next 10 years 70% of nurses will work in the community

The ministries of education and health work together

Budget for public health is 70-80% of the national/P/T/ healthcare budget

Canada has a chief public health nursing officer with power, accountability, and a budget

That public health, home care and primary care are co-located with equal power

Ongoing published public health nursing research – where universities are living and working with public health nursing practice

public health principles/practices are part of every child's and families education

that all ppl would acknowledge and enhance people's background and culture and honor ppl's identity

integrated model of healthcare delivery – universities with acute care and public health (no sites)

university salaries are on par with those in the community – to have skilled educators

Design: What needs to happen to make your PHN Leadership dream become a reality? Who and what is involved? How do we take positive steps towards the Dream?

Have community buy-in

Youth lead

Partnerships between health authorities and universities

Strong nursing leaders at the decision-making tables

Question everything – “is this the right outcome?” in order to change practice and move services to the community

CNA to profile nursing outcomes more and making it more visible

PHNs have powerful nursing union in all provinces (like AI and BC)

need PHNs to have support of academia to co-publish – look for partnerships to fund research

a true CH Centre

-modules that are working together that have PH, Primary care, HC, are co-located – (Richmond BC, Alberta family care centres)

Top 3 Themes

1. Integration of different sectors with academia
2. Potential role – nurses being more politically active/CNA – lobbying/advocacy
3. Strong nursing leaders at tables – decision-making, who fight for CH nursing with courage and contagious passion

Specific Recommendations: include verbal comments during wrap-up session

1. Engagement at both the public and CHN level – develop relationships with media, social media, video streaming, technology and traditional media
 - NCC – online conference alternating with physical conference
 - Partnership with telecom companies and corporate sponsorship of CHNC – sponsorship is year long
 - Develop a mentorship package – make it easy and give coaching (ongoing) – coaches corner
 - Partner with colleagues in other orgs - keep it practice focused
2. Mentorship
 - Implement a pathway for nurses to slowly learn their role in leadership in issues such as the SDOH – takes a while to make this connection
 - Integrate into undergrad education
 - Integrate into CoE | - reach and engage
3. Politics
 - Layer in then power as a citizen combining your power bases??