

**A BLUEPRINT FOR ACTION FOR COMMUNITY HEALTH NURSING IN CANADA**

Release 1.1



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**Please note Version 1.1 contains the updated CHN Blueprint for Action graphic. The graphic was amended by Community Health Nurses of Canada (CHNC) in January 2014 to reflect the CHNC logo colors. CHNC wishes to acknowledge the original graphic design and colors by the author. No other elements of the original document (2011) have been altered.**

### **Community Health Nurses of Canada**

Community Health Nurses of Canada (CHNC) is a national organization for community health registered nurses to advance practice and to improve the health of Canadians. CHNC represents the voices of community health nurses; advances practice excellence; creates opportunities for partnerships across sectors and networks; strengthens community health nursing leadership; advocates for healthy public policy to address social and environmental determinants of health; and promotes a publicly funded, not for profit system for (community) health. CHNC is an associate member of the Canadian Nurses Association (CNA).

### **Contact Information**

Community Health Nurses of Canada  
75 New Cove Road  
St. John's, NL, A1A 2C2  
info@chnc.ca

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### **CHNC PROJECT MANAGEMENT TEAM**

Cheryl Armistead, Community Health Nurses of Canada  
Claire Betker, Community Health Nurses of Canada  
Evelyn Butler, Community Health Nurses of Canada  
Laurie Parton, Community Health Nurses of Canada  
Joan Reiter, Public Health Agency of Canada

### **FEBRUARY 11 2011 SUMMIT MEETING OF NATIONAL PARTNER ORGANIZATIONS:**

Canadian Association of Schools of Nursing	Canadian Public Health Association
Canadian Federation of Nurses Unions	First Nations Inuit Health
Canadian Home Care Association	Office of Nursing Policy, Health Canada
Canadian Nurses Association	Public Health Agency of Canada

Please note that the opinions expressed in the publication are those of the authors and do not necessarily reflect the official views of the organizations.

### **CHNC POLITICAL ACTION AND ADVOCACY STANDING COMMITTEE:**

Cheryl Armistead	Patty Deitch	Michelle LeDrew
Claire Betker	Katie Dilworth	Kim Miller-Dalla Bona
Diane Bewick	Darlene Foster	Pammla Petrucka
Dianne Busser	Carolyn Hill-Carroll	Marlene Slepkov
Edith-Rose Cairns	Amy Lea	Cindy Versteeg

### **PROJECT CONSULTANTS:**

Robinson Vollman Inc. – Ardene Robinson Vollman, PhD RN  
ICA Canada – William Staples

### **THE PUBLIC HEALTH AGENCY OF CANADA**

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# A BLUEPRINT FOR ACTION FOR COMMUNITY HEALTH NURSING IN CANADA

## Release 1.0

The *Blueprint for Action for Community Health Nursing in Canada* outlines a national framework and action plan for the current and future development of community health nursing in Canada. This Blueprint is the product of collaboration and is intended to provide diverse stakeholders including educators, policy-makers, leaders in health services administration, researchers and community health nurses, among others, with a framework to guide decisions and activities that promote and protect the health of Canadians. It will be used as an advocacy tool, and as a guide to direct coordinated action to manage the strategic changes and actions essential to promoting, protecting and restoring the health of all Canadians. The framework is a living document – a starting place for discussion and continued interprofessional and intersectoral collaboration. Different communication strategies and tools will eventually emanate from the Blueprint to address concerns and issues of various partners in action.

**The time for action is now** ... many opportunities are available or will soon be open for community health nursing to make its case. Health system changes are on the horizon – the Health Accord is up for renewal soon; Medicare is being discussed at policy tables; and privatization is a concept increasingly endorsed by politicians, some health care providers and the media. Community health nursing has an important position in the health system and its voice is critical as Canadians search for solutions to the challenges facing the health system and their health.

The process to develop a Blueprint for Action for Community Health Nursing in Canada was initiated as a result of the synthesis of key reports written about community health nursing in Canada between 2007 and 2010<sup>1</sup>. The CHNC assumed leadership in this process, but is careful to point out that it neither owns the process nor the outcomes. CHNC's stance "leadership with shared ownership" reflects its value for effective collaboration and population health promotion. The Blueprint will be actualized when diverse interprofessional and intersectoral stakeholders assume responsibility for all or part of the actions required to realize its aspirations.

The Community Health Nurses of Canada (CHNC)<sup>2</sup> is a credible and respected association that is well positioned to be the voice for community health nurses from coast to coast to coast. CHNC has exercised leadership in developing a practice model and the standards of practice that underpin the CNA certification in community health nursing (CCHN(C)). It has developed discipline-specific competencies for public health (CHNC, 2009a) and home health (CHNC, 2010) nursing. Although CHNC has developed a definition and vision of community health nursing in Canada through a consultative process (CHNC, 2009b), it has been difficult to get these taken up by partner organizations, employers and the public.

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<sup>1</sup> The synthesis report itself (Community Health Nurses of Canada (2010a). *A synthesis of Canadian community health nursing reports*. Toronto, ON: Community Health Nurses of Canada) and the reports included in this synthesis are listed in Appendix A and are located on the CHNC website: [www.chnc.ca](http://www.chnc.ca)

<sup>2</sup> Information about CHNC, its provincial and territorial representatives, and the members of the executive are located on its website: [www.chnc.ca](http://www.chnc.ca)

Having a common vision, purpose and set of values will allow community health nursing to be united in spirit, voice and action to address the pressing health issues facing the profession and all Canadians.

**What is a blueprint?** It is a detailed plan or outline; the standard method of communication from architects to trades people during construction. A blueprint documents a specific design and is intended to concisely and clearly communicate all needed specifications to transform an idea into a building.

*“Whenever a building is constructed, you usually have an architect who draws a blueprint, and that blueprint serves as the pattern, as the guide, and a building is not well erected without a good, solid blueprint.”*  
Dr. Martin Luther King Jr. (1967<sup>3</sup>)

A set of working drawings used in a building construction project includes location, assembly and component drawings. *Location* drawings include floor plans, sections and elevations and indicate where the construction elements are located. *Assembly* drawings show how the different parts are put together, and *component* drawings enable self-contained elements (e.g., roof trusses, windows and even whole rooms) to be fabricated or built off-site and delivered to site complete and ready for installation. The benefits of a good blueprint are that it facilitates communication that creates internal agreement and clarity; it ensures a common understanding of how specific actions connect with goals and objectives; and leads to better teamwork. Further, a good blueprint ensures allocation of resources (time, money and energy) to achieve specific goals and connects action items to achievable milestones by which to monitor achievements and assess results.

Like architectural drawings, the *Blueprint for Action for Community Health Nursing in Canada* is a first set of drawings provided for discussion, consultation and contribution. It articulates the key construction elements, connects the components, and provides suggestions for sound processes to support implementation. It is then up to the people, organizations, partners, and community health nurses in all domains of practice and society to take the Blueprint to the next phase – the actual construction, the implementation of the plan – and to communicate each step to each partner in action.

## THE STARTING POINT

What is community health nursing? *Community health nursing involves collaborative action to promote, protect and restore the health of Canadians within the context of the important places and experiences of their daily lives. Community health nurses acknowledge and attend to the diverse determinants that influence the opportunity for health across the lifespan.* The basis for 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); disease and injury prevention; community participation; and community development (CPHA, 2010).

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<sup>3</sup> Martin Luther King – 1967 - What Is Your Life's Blueprint?  
<http://www.drmartinlutherkingjr.com/whatisyourlifblueprint.htm>

From Jeanne Mance and the nuns in Quebec, to the district nurses in the West, school nurses in Ontario, and the visiting nurses of the Victorian Order of Nurses, the roots of nursing in Canada are embedded in the home and community (McKay, 2009). Over time, as hospitals were built and physicians began admitting their patients to them, nursing moved from the home and community into the hospital.

Today there are nearly 350,000 regulated nurses working in Canada (CIHI, 2010). Underwood and colleagues (2009a) reported there were 53,404 community health nurses (CHN) in Canada; this number includes registered nurses (RN) that comprise the largest majority, nurse practitioners (NP), and licensed/registered practical nurses (LPN/RPN) and registered psychiatric nurses (RPN)<sup>4</sup>. It is estimated that 17% of Canada's RNs currently work in a community health nursing capacity; largely in public health departments, community health centres or in home health agencies (Underwood, 2009a). Examples of a broad range of community health nursing roles can be found in the CHNC Vision Statement (2009b).

*Falk-Rafael (2005) describes community health nursing practice as being "at that intersection where societal attitudes, government policies, and people's lives meet... (and) creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to change the societal conditions contributing to poor health" (p. 219). That is, to engage in social justice.*

The community health nursing population is aging, with approximately 28% over the age of 55. The percentage of community RNs with a baccalaureate degree (48%) is higher than for all RNs (35%); 81% of RNs in public health had baccalaureate degrees. By 2010, 566 community health nurses achieved CNA specialty certification in community health nursing; others have achieved certification in one of the 18 other specialties (e.g., psychiatric/mental health, oncology, gerontology, enterostomal therapy) that reflect the nature of their work. In addition, many community health nurses have graduate degrees in their field.

Community health nurses view health as a resource for everyday living. Their practice promotes, protects and preserves the health of individuals, families, groups, systems, communities and populations where they live, work, learn, worship and play, in an ongoing rather than an episodic process (Craddock, 2000, cited in CHNC (2007)). Their practice is based on a unique understanding of how the environmental context influences health. Community health nurses work at a high level of autonomy and build partnerships based on the principles of primary health care, caring and empowerment (CHNC, 2007). Community health nurses embrace multiple ways of knowing<sup>5</sup> and are flexible in their approaches

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<sup>4</sup> Practical nurses are "registered" in Ontario and "licensed" elsewhere; in Western Canada RPN represents psychiatric nurses that are registered with their respective regulatory bodies.

<sup>5</sup> According to Chinn, PL & Kramer, MK (2008) the ways of knowing include: ethics - the moral component of knowledge in nursing; personal knowing in nursing; aesthetics - the art of nursing; empirics - the science of nursing; and emancipatory knowing - the praxis of nursing.

to practice in respect for the diversity within the profession and our communities. Community health nursing work is informed by a social justice lens, which is based upon three broad and interconnected values: resources should be distributed so that everyone can live a decent life; human beings have equal human rights, and should be recognized in all of their diversity; and all people should be represented and be able to advocate on their own behalf (CNA, 2010; Klugman, 2010). Understanding that social determinants mediate the environmental determinants that impact health equity, community health nurses support their clients by identifying and assessing the impact of diverse social and environmental factors on health status; by working to control determinants that potentially impact health and by advocating for policy and action to address the determinants that contribute to health status and health equity.

Community health nurses are the most numerous care providers external to acute and long term care institutions (Underwood et al., 2009a) and work in such places as community health centres, schools, homes, prisons, parishes, workplaces, recreational places, and on the streets. Their presence in the community makes community health nurses ideal leaders to guide health system changes, to give voice to the public's issues and concerns and real world impact of public policy and to advocate solutions. Effective community health nursing practice has potential to enhance the efficiency of health spending by optimizing population health outcomes, improving upstream prevention of disease and injury and increasing people's control over the diverse determinants that impact the opportunity for health.

The World Health Organization has recognised the vital contribution of nurses to improving health outcomes of individuals, families, populations, and communities. Furthermore, it has included nurses among those front-line service providers engaged in efforts to renew Primary Health Care (WHO, Alma Ata Declaration, 1978) based on core values of equity, solidarity, social justice, universal access to efficient and affordable services, multisectoral action, decentralization and community participation (WHO 2008).

*If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change. I believe that such a change is coming, and that nurses around the globe, whose work touches each of us intimately, will greatly help to bring it about.*

*Hafdan Mahler, 1985*

To understand the context of and challenges facing community health nursing, the Community Health Nurses of Canada and others undertook several initiatives: a literature review, descriptive qualitative and quantitative studies of community health nursing and nursing education, and an environmental scan. Eight of these reports (Appendix A) were synthesized by CHNC (2010a) with results converging around six arenas for action:

1. Scope of practice (role clarity);
2. Leadership;
3. Interprofessional and intersectoral partnerships;
4. Health systems;
5. Nursing education; and
6. Workforce development.

Four gaps were also identified by CHNC (2010c):

1. To better describe the community health nursing workforce and the complexity of care facing community health nurses (Arena 1);
2. To foster leadership development and succession planning (Arena 2);
3. To strengthen research capacity and knowledge translation and exchange efforts (Arena 6); and
4. To advocate for long term stable funding for community health programs and infrastructure (Arena 4).

The results of this synthesis informed the development of a Blueprint for Action for Community Health Nursing in Canada.

## MOBILIZING COMMUNITY HEALTH NURSING IN CANADA

In November of 2009, the CHNC Executive and Board of Directors met with key national partners to discuss and identify common issues and opportunities for collaboration. Contexts for interprofessional and intersectoral collaboration included:

- Strengthen the public health/community health system (Arena 4);
- Address health promotion and prevention (Arena 1);
- Develop communities of practice (Arena 3);
- Support knowledge exchange and continuing education (Arena 6);
- Strengthen interdisciplinary partnerships (Arena 3); and
- Address social and environmental determinants of health and inequity (Arena 1).

### Why a Blueprint for Action for Community Health Nursing in Canada?

Now more than ever, community health nursing has a responsibility and capacity to lead collaborative action to address the determinants, policies, and health system factors that influence the health of Canadians. A detailed plan is needed to articulate and connect the components of action, to determine action priorities, processes and communication strategies, and to set the plan in motion in an organised fashion that leads to the achievement of a vision: a strong community health nursing profession that, through diversity, partnership and collaboration, promotes, protects, restores and advocates for the health of Canadians across the lifespan (CHNC 2009b).

**Resource allocation:** Canadian health service delivery is largely under provincial/territorial jurisdiction with the exception of federally-funded services to First Nations and Inuit populations and Public Health Agency of Canada (PHAC) programs. Most public funds devoted to the health system today are allocated to the acute care system. As

*Can you, as nurses, evolve a health-care system in which you relate not only to your role in the system, but also in which you relate to the broad changes in your society now taking place? Nobody has done that yet. If you, as a group, could do that, you would provide some leadership for the country.*

*Dr. Fraser Mustard (1990)*



many provinces and territories face health system and funding challenges, nursing services are shifting from hospital to community. The Canadian Nurses Association (CNA, 2006) estimates that of the 380,000 nurses needed in Canada by 2020 (p. 103), 2/3 will be working in community – compared to 30% working in community in 2006 (p. 98). There is a greater need for individual care in the homes of clients due to health system shifts (e.g., early discharge programs) along with higher levels of patient acuity and complexity, not only in home health situations but also in the needs of vulnerable populations (e.g., seniors, schoolchildren, lone parents, new immigrants, refugees, and people living in poverty and inadequate housing).

**Quality of Care:** Other factors influence the imperative to shift resources into the community; changing demographics of the Canadian population, consumer demand for more information and resources for self-care, long wait lists for acute care services, and intensive home visiting for vulnerable populations (e.g., young families, seniors). Community health nursing has the responsibility and capacity to provide community-based services on behalf of Canadians. With the shortage of nurses, senior planners and politicians have been reluctant to shift nursing resources to balance the need for acute care with those of community care. If community health nursing does not take a leadership role in planning and implementing best practices in community health, home health, and primary care programming, then the consequences are unpalatable: more unregulated workers providing services; quality of care will suffer; compromised progress to achieve healthy outcomes for Canadians.

**Health Inequities:** Despite increasing attention to social determinants of health, community health nurses recognize that health inequities experienced by vulnerable populations remain a significant concern. Community health nursing has the capacity to lead collaborative action to address health inequities in Canada. There is a rising need for increased focus on population health, the determinants of health, health equity, health promotion and disease/injury prevention. But, to date, there has not been a commensurate shift in budgets, nor has a concomitant shift in attention, philosophy or approach to community health nursing services and programs occurred. Workload and safety issues, along with concerns for policy, quality, safety, and accountability are prominent concerns for community health nurses.

**The Canadian health system must be transformed to meet the future needs and aspirations of Canadians.** Community health nurses can embrace and lead the needed change to transform the health care system into a *system for health* (Bennett, 2010). This transformation will entail reorienting health services to achieve an optimal balance between illness care and wellness care – that is, health promotion, disease and injury prevention and health protection. True to complexity science, transformative change will require flexibility, innovation and adaptation in all domains of community health nursing practice.

Impacts of a changing system include human resources (i.e., access to an adequate supply and mix of nurses with appropriate training for community health), funding (i.e., long term stable program funding that meets infrastructure, program and community needs), evidence (e.g., to answer important questions about skill mix, reporting mechanisms, technology and infrastructure to support quality and

safe work environments), leadership (including succession planning), and education (including basic, graduate, professional development and continuing education). As the emphasis moves to upstream efforts to prevent illness and injury and to promote the health of Canadians, the evidence base built over decades of community health nursing practice must be recognised, respected and utilized. For example, a broad focus on determinants of health is more effective for population health than individual education efforts that urge people to eat a healthy diet and exercise regularly; community health nurses have learned that shelter, education, employment and the built environment are necessary prerequisites to choosing, purchasing and cooking healthy foods.

**There is a strong sense among community health nurses that the *status quo* is no longer an option in the face of current and anticipated changes in the healthcare system.** Community health nurses want to work to their full scope of practice; they want a higher profile not only in the nursing community but in the public's eye and the eyes of their stakeholders in community-based service delivery. This higher profile is important for the health of Canadians; community health nurses are a trusted, reliable and local resource for information about and access to the healthcare system not only for individuals and families but also for groups of people, organizations, health authorities and governments. Community health nurses possess the relational skills and broad vision of 'health' that will be essential to move the *system for health* forward.

Acting as members and coordinators of interprofessional teams, community health nurses bring services closer to the communities where they are needed most, thereby helping to improve health outcomes and the overall cost-effectiveness of services. Community health nurses perform disease prevention and control, and support health across the lifespan through health promotion and direct care activities. As key players in crisis and post-crisis situations, they contribute to the emergency preparedness programs, risk communication, response planning, implementation and recovery. In spite of this contribution community health nursing is not often identified as key stakeholders at the health policy table.

Nursing education, nursing research, and the administration of nurses in the health system must undergo significant change in order to achieve the potential that the proposed and actual shifts in the health system promise. More nurses with a broad range of competencies (CHNC, 2009a, 2010b) will be required to meet the demands of community-based care in the coming decades. In order to meet the emerging demands, all domains of community health nursing will have to come together in concerted and coordinated action. Increasingly, community health nurses are calling for leadership – for the development and maintenance of a unified voice for community health nursing across Canada so that the profession is ready to assume the roles that will be demanded of it.

Community health nurses are an experienced, well-educated but under-resourced and often not fully utilized workforce that is largely invisible to the public, interprofessional teams and employing agencies that remain primarily focused on downstream acute care issues. In 2009, the Community Health Nurses of Canada (CHNC) surveyed community health nurses in Canada as part of an environmental scan (CHNC, 2010c). Community health nurses spoke out about the recognition of

Canada's changing population and demographics and made a recommendation to address the determinants of health, particularly for vulnerable populations such as First Nations, Métis, and Inuit peoples. Recommendations for action included recruitment and retention initiatives targeted specifically at community health nursing to address impact of the aging community health nursing workforce. Community health nurses supported changes in the health system that will advance the principles of primary health care; ensure accessibility to health services; ensure safe and high quality service provision; manage the shift from hospital to community care; and preserve a publicly funded health system. Community health nurses articulated the importance of the environment to health and recommended increasing the capacity to apply and transfer knowledge of environmental issues to community health nursing practice.

There are other challenges that cannot be ignored. Although significant strides have been made over the past five years in unifying the community health nursing profession, it comprises a wide range of nurses with diverse backgrounds and currently no cohesive voice speaks for all. Factors that impede unity include differences in community health nursing administration (Crea & Underwood, 2008) and lack of adoption of a shared model or definition of community health nursing across provincial/territorial jurisdictions.

**Nursing education must be a strong vehicle for change.** The reality is that community health nursing curriculum content and those faculty members that teach community health in undergraduate nursing education may be devalued within schools of nursing. Consequently, nursing education curricula remain largely focused within the acute care context despite literature that identifies the need to shift curricula to value primary health care and community health nursing practice. In concert, community agencies and community health nurses must become more open and welcoming to student placements in order to advance curricular change and provide the future workforce with a foundation in community health. In order to meet this challenge, resources and processes to support clinical education are required. To foster leadership development and succession planning, graduate programs in nursing education must become more responsive to the needs of emerging leaders in community health nursing. Knowledge translation from community health nursing research into best practices has been slow in part due to organizational barriers created by employers (Underwood et al., 2009b). There is a need to address continuing education and professional development for practising community health nurses in response to the changing needs in the population and as health service delivery shifts from acute care to community care. Nursing education is in a central position to collaborate in professional development through partnerships with employers and with the emerging Schools of Public Health and Masters in Public Health (MPH) programs across Canada.

Common across all reports published in Canada about community health nursing in the last several years is the message that there is significant *capacity* for community health nurses to be advocates, leaders of change, solution makers, and to work with Canadians in collaborative (client) care in homes, schools, workplaces, neighbourhoods, and places of worship. The current trends in the Canadian health system create significant *opportunity* for community health nurses to influence and exercise leadership. There are opportunities to establish strategic *alliances* with key organizations that can assist with

advocacy for a more prominent role for community health nurses in the health system. These alliances include national, provincial/territorial, and local stakeholders such as nursing/allied health professional associations; leaders in nursing education and research; organizations that influence healthy public policy and legislation; and patient/health issue advocacy groups. Strategic *partnerships* have the potential to coordinate action on several fronts, communicate the message and bring the vision to fruition. Community health nurses can provide *direction* and support for the most important challenges to the health of Canadians including health inequity, by providing *leadership* in service provision and working with vulnerable populations using a social justice approach and focus on the social and environmental determinants of health.

For these reasons, the action strategy will mobilize practising community health nurses, community health nursing leaders, educators, researchers and interprofessional/intersectoral stakeholders. Hence, the process to develop and implement a Blueprint for Action will be highly consultative and collaborative.

## **PREPARING TO ACT**

The Community Health Nurses of Canada (CHNC) is taking the lead to develop a Blueprint to guide the profession into the future. This future is predicated upon the principles of primary health care, social justice, and health equity. This future ensures that a competent and well-prepared workforce collaborates with others to guide the changing health service delivery systems across the country and promotes the health of all Canadians.

### **Call to action**

In November, 2009 the Community Health Nurses of Canada convened a Partners Meeting where attendees agreed to take a number of collaborative actions. For its part, CHNC commissioned a synthesis report of eight key documents that had been developed over the previous 3 years (CHNC, 2010a). Six arenas for strategic action were identified. In the next section each arena is outlined with a background summary, a summary of action undertaken in the past year by partners and stakeholders, and suggested action for the future is proposed for consideration.

### **Guiding principles for action**

- Action on the Blueprint must be inclusive, collaborative and mutually beneficial to diverse partners.
- Standing still is not an option; we must act on our strengths and be solution oriented.
- Activities must be sustainable over the long term.

### **Arenas for action**

The arenas for action incorporate the six matters and four gaps identified by CHNC (2010a) and the six collaborative action areas identified at the 2009 Partners Meeting. These sections are presented

with three subsections: background, which summarizes the CHNC synthesis report (CHNC, 2010a); action 2010, which provides an overview of action to date by key partners; and suggestions for activities that might be considered for the coming year(s).

The suggestions for activities are gathered from a variety of sources and were provided in support of the Partners Meeting in February 2011, and expended upon at that meeting. The arenas for action are presented in the next section in order of priority established at the February 2011 Partners Meeting.

To synthesize the priorities for action for community health nursing in Canada and the interconnectedness of the six arenas for action:

***It is of paramount importance to achieve clarity on the scope and roles of community health nursing practice; and realize the nursing leadership that is needed to give voice to community health nursing. Concurrently, the health system, nursing education and resources that support workforce development can be influenced and leveraged through collaboration and partnerships.***

In the next section, each of the arenas for action is elaborated, beginning with a summary of the synthesis report (CHNC, 2010a), summaries of actions undertaken in 2010 by key partners in community health in Canada, and suggestions for both strategic [v] and tactical [o] actions going forward.

## **1. Community health nurses need to work at full scope and with greater clarity for the role in all domains of practice**

### ***Background:***

Domains of nursing practice include direct care, administration, education, research and policy; within each domain are multiple roles. Scope of practice refers to the actions and procedures that are permitted by law for a specific profession. Scope is restricted to what the law permits based on specific experience and educational qualifications. It is imperative that community health nurses know not only their own scope of practice, but the scope of practice of the other professionals that make up the interprofessional team with whom they are interacting. Barriers caused by organizational structures, processes and policies may limit nurses' ability to work to full scope by restraining them within job descriptions and making health service delivery decisions on the basis of organizational needs rather than the needs of the client or community. A strong health system is founded upon clear professional roles; role clarity refers to the need to establish and clearly describe roles that reflect the full range of community health nursing competencies. Role clarity is relevant not only to community health nurses at the point of care, but also for those in positions of leadership. Both must work interprofessionally and communicate the value of the community health nurse in the delivery of care to colleagues and the public (CHNC, 2010a)

Three documents outline scope of practice in conjunction with provincial/territorial regulations governing nursing practice: standards of practice for community health nursing in Canada (CHNC, 2008); core competencies for public health nursing (CHNC, 2009); core competencies for home health nursing (CHNC, 2010). These documents are supplemented by the roles and activities outlined in the CPHA (2010) publication *Public health/community health nursing practice in Canada: Roles and activities* (4<sup>th</sup> Edition) and CNA's Code of Ethics for Registered Nurses (2008).

**Action 2010:**

The Community Health Nurses of Canada (CHNC) has contributed to the development and dissemination of the Home Health Nursing Competencies (CHNC, 2010b) and the Public Health Community Health Nursing Practice in Canada: Roles and Activities (CPHA, 2010). In 2010 the Canadian Community Health Nursing Standards of Practice were revised.

The RN scope of practice refers to the activities that RNs are educated and authorized to perform as set out in legislation and complemented by standards, guidelines and policy positions of provincial and territorial nursing regulatory bodies. The breadth and depth of those activities enable RNs to take on multiple responsibilities and carry out a variety of roles. While legislation, standards and other regulatory controls determine overall scope of practice and the boundaries of practice for RNs as a professional group, other factors also influence the practice of the individual RN. These include individual level of competence, requirements and policies of the employer, needs of the client and practice setting.

CNA (2007), p.13

Health Canada's Office of Nursing Policy (ONP) is the federal source of integrated knowledge and policy advice with respect to the role and impact of health human resource planning with a focus on evidence-based policy related to nursing workforce issues. It is important to note that when referring to nursing workforce, this is comprised of registered nurses (RNs) that includes nurse practitioners (NPs) who are a subset of the RN population, licensed practical nurses (LPNs; in Ontario the title is Registered Practical Nurse, RPN) and registered psychiatric nurses (RPNs) who are regulated exclusively in the four western provinces and one territory. With respect to the challenges of public health nursing, ONP works in concert with the Public Health Agency of Canada (PHAC) Office of Public Health Practice.

The Canadian Public Health Association (CPHA) represents members from 25 disciplines; its work therefore focuses largely on interprofessional issues and concerns. To support this work, communities of practice are encouraged based on a variety of criteria such as common issues, disciplines with special interests, geographical or cultural contexts, and population groups (among others).

The Canadian Nurses Association (CNA) has supported research on nursing care delivery models but there is very little information on community health nursing delivery models in both public health and home health. CNA notes that little is known about the replacement of nurses with non-nurses in direct care and in management; the value-added role of nursing in community health needs to be marketed, but admits it is hampered by a lack of clear definition of the community health nurse role across the provinces/territories.

The Canadian Association of Schools of Nursing (CASN) advocates, primarily through education, in support of clinical practicum guidelines for community health nursing.

The Canadian Home Care Association (CHCA) sees nurses as the pillar of the system and commends the competency documents as a useful framework for understanding and promoting integration. Many of its Primary Care Task Force (PCTF) projects uncovered upstream interventions when home health and primary care intersected; the knowledge gained is being disseminated as a model for care is developed. There is a growing challenge in the management and support of allied health workers whose work is coordinated by nurses; part of role clarity is understanding the community health nursing role in relation to the roles others assume in care delivery and coordination.

The Canadian Federation of Nurses Unions (CFNU) echoes the CHCA concerns about role clarity when nursing jobs/roles are being eliminated or substituted with non-nurses. The CFNU calls for more evidence that this approach is safe, that liability issues are clear, and that collaborative solutions are found. The CFNU strongly believes that intra-nursing issues are as important as interprofessional issues, and that is where its priority lies. Nevertheless, CFNU is observing with a high degree of concern the proliferation of physician assistant programs vs. increased number of Nurse Practitioners.

The Public Health Agency of Canada (PHAC) supported the development of discipline specific competencies for public health nursing (2009) and home health nursing (2010) to support efforts at role clarity. On a going-forward basis the PHAC is reviewing its Grants and Contributions program to determine its next-level priorities to move efforts toward implementation and dissemination.

***Examples of action for consideration:***

- ✓ Develop and adopt a shared national nursing regulatory framework (e.g., network of colleges/associations of nursing with a focus on community health nursing so that there is a degree of similarity in the provinces and territories in terms of scope of practice, practice roles and nomenclature, and the ability to accurately enumerate).
  - Create a common terminology to support the enumeration of community health practitioners and the development of tools for the distribution and utilization of health human resources.
- ✓ Formulate a strong marketing campaign to increase the proportion of certified community health nurses in all domains of practice, including education.
  - Improve access to CNA certification in community health nursing for francophone nurses.
- ✓ Partner broadly with intersectoral and interprofessional stakeholders to influence health policy that supports the role of community health work and promotes the health of Canadians across the life span.
  - Take the Blueprint to the CNA associate and affiliate groups that are practising nursing in community health (e.g., family practice nurses, remote and rural nurses, gerontological, enterostomal).

- ✓ Design and implement a membership campaign to increase the number of CHNC members across Canada to give power to CHNC's voice at policy tables.
  - Facilitate discussion and debate about community health nursing roles at local, regional and national levels; disseminate examples of best community health nursing practice.

## **2. Nursing leadership is necessary to support community health nursing practice and provide a voice for the profession**

### ***Background:***

Leadership is reflected not only through positions of authority within an organization but also through the ability to influence others to bring about change (CHNC, 2010a). Leadership is facilitated by a vision for community health nursing; it is a requirement for system change and is fundamental to supporting practice. A clear understanding of community health nursing is the basis for effective leadership and in turn promotes capacity building and boosts the quality of the work environment for community health nurses. Leadership training is required and structures need to be in place to support those in positions of leadership (CHNC, 2010a) whether these positions are in direct care, administration, education, research, or policy domains. At the 2009 Partners Meeting, the following gap was identified: to foster leadership development and succession planning.

### ***Action 2010:***

In 2010, the Community Health Nurses of Canada (CHNC) published a synthesis of recent reports on community health nursing in Canada and key findings from an environmental scan about the future of community health nursing in Canada that provide a roadmap for community health nursing leaders. CHNC participated with the Canadian Nurses Association in discussion with Canadian Institute for Health Information (CIHI) to advocate for timely and ongoing inclusion of nursing input within Canadian Primary Health Care Electronic Records Management Standards development.

The Office of Nursing Policy at Health Canada (ONP) has the nursing leadership issue on its radar screen; given that the average age of RNs is 44.8 years of age, and recognizing that many nurses retire at age 55, and many nurses assume leadership responsibility in the latter years of their career, this drives the need for succession planning for the health care system. The ONP is working with provincial and territorial colleagues and key nursing stakeholders to address this challenge. A number of ideas are currently being explored to foster leadership development and encourage nurses to assume management roles.

The Canadian Nurses Association (CNA) has, for the past 5 years, been positioning formal and informal nursing leaders at decision-making and policy tables and building opportunities to represent leaders on the national scene. CNA is in the process of seeking and proposing best practice models of nursing leadership from the front line to senior management. Every 2 years CNA hosts a leadership conference. In 2010 CNA supported a nursing student conference in Hamilton; 840 students attended and the leadership workshops were over-subscribed.



The Home Care Association of Canada (HCAC) views leadership development seriously but there are few resources and no structured program for leadership development in home health.

The Canadian Federation of Nurses Unions (CFNU) reports that nursing is losing ground in terms of its leadership role in the health system because of the inability to fully articulate the social return on investment for nursing leadership. A question that is front of mind is: Does having a nurse leader/manager for nurses make a difference? Is it important for nurses to report to nurses? The CFNU points out that job security is an issue; middle management is often the first group cut when health budgets are under siege. Nurses move out of scope (i.e., out of the union and collective agreement) when they move into management; thus, their seniority under the conditions of their collective agreement is at risk if they want to return to union ranks. Further, the span of control of nurse managers is often very large compared to best practices in management literature, making the role stressful. In addition, with respect to salary issues, it is not unusual for staff nurse salaries to exceed nurse manager salaries when staff nurses have access to overtime and other salary benefits. CFNU asks: where, then, is the incentive?

The Public Health Agency of Canada (PHAC) reports an increased number of requests for information on public health leadership. PHAC has had an impact on public health leadership development through its grants and contributions program, and is looking forward in time to boost investments in building public health organizational capacity.

***Examples of action for consideration:***

- ✓ Promote and advocate for chief nursing officers in community health organizations.
  - Support current community health leadership and efforts to address professional development, research, and succession planning.
  - Develop a workload measurement tool for managers and clinical leaders.
- ✓ Collaborate with community health partners (e.g., CPHA, CIPHI, CASN, HCAC) on targeted community health nursing leadership development programs and strategies.
  - Develop continuing education and professional development opportunities specific to community health nursing leadership.
- ✓ Describe leadership roles in community health nursing and what is needed to strengthen them.
  - Use national conferences to focus on community health nursing leadership development at all levels and in all domains.
  - Engage in dialogue across the country about community health nursing leadership, leadership development, and share best practices (e.g., webinars, fireside chats) with current leadership, emerging leaders (both in and out of scope).
  - Engage all intergenerational partners in dialogue about challenges and opportunities presented by new members in the profession; generate strategies that are mutually respectful.
  - Teach leadership within graduate and undergraduate education curricula.

### **3. Build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors**

#### ***Background:***

Interprofessional and intersectoral partnerships are critical for promoting positive change in the health system to deliver optimal and integrated services at multiple levels. Not only is interprofessional collaboration key to front line care, it also provides opportunity to raise the profile of community health nursing. Partnerships with organizations with similar goals will allow each to build on its strengths and avoid duplication of efforts. Community health nursing need also to build partnerships among its domains of practice so that knowledge is exchanged and translated into practical research questions and evidence is incorporated into direct care, administration, education, and policy (CHNC, 2010a).

#### ***Action 2010:***

The Community Health Nurses of Canada (CHNC) is represented on the CPHA advisory committee, represents Affiliated, Associated and Emerging (AAE) groups on the CNA Board, is active with the National Advisory Committee on the optimal monitoring of child growth in Canada, among other activities with other partners (e.g., CASN).

As noted previously, Health Canada's Office of Nursing Policy (ONP) works collaboratively with its federal, provincial and territorial colleagues to share best practices, recognizing the jurisdictional responsibility for health care and health system delivery.

The Canadian Public Health Association (CPHA) enjoys many partnerships and collaborates widely on the basis of its interprofessional membership. It leads, or holds influential positions, in several important coalitions.

With respect to intra-nursing collaboration the Canadian Nurses Association (CNA) links with its associated and affiliate groups through 3-4 teleconferences a year, e-mails, representatives of various projects, and other engagement strategies. CNA brokers collaborations with nursing groups with common interests (e.g., community health and environment) and support the evolution emerging communities of interest. Interprofessionally, CNA is engaged in a number of partnerships and coalitions and speaks for nursing at a variety of decision-making and policy tables. This role can be strengthened with improved alignment in messages and activities.

The Canadian Federation of Nurses Union (CFNU) focus is first on intraprofessional collaboration, then intersectoral or interprofessional partnerships.

The Canadian Home Care Association (CHCA) reports that approximately ¾ of case managers are registered nurses; case managers are responsible for consistency of services provided and play an important role in quality and safety. This role is often integrated because of the range of disciplines/professions providing home health services. A HCAC round table recently released a strategy to support service integration, recognising that integration is difficult in situations where role clarity is

lacking. Interprofessional collaboration is a necessary condition for reaching service delivery goals in home health.

As the central agency, the Public Health Agency of Canada (PHAC) has supported interprofessional action by supporting the development of core and discipline-specific competencies, the first step in supporting interprofessional practice. It is working to increase partnerships with other stakeholders in public health on a going-forward basis in its bid to support public health organizational capacity in Canada. PHAC supports CHNC to do intraprofessional work.

***Examples of action for consideration:***

- ✓ Continue the development of the Partners Meeting and collaborative interactions that move forward the issues of common concern in ways that are mutually beneficial.
  - Establish visible connections with community health partners through links on websites, presence at interprofessional meetings/conferences, and leader-to-leader communications.
  - Reach out to regulatory nursing bodies (e.g., RN, RPN, LPN, and NP), employers, and nurses to initiate and foster positive relationships and partnerships that facilitate the achievement of the goals of community health nursing.
  - Engage local and regional groups in discussions and activities focused on intra-nursing, interprofessional, and intersectoral collaboration; include clients, client organizations and community-based organizations.
- ✓ Strengthen the voice of community health nursing
  - Implement a membership drive to increase CHNC membership by all regulated community health nurses.
- ✓ Promote and support intraprofessional/interprofessional/interdisciplinary education and continuing professional development.
  - Place students in real world situations, including practicum experiences with community based organizations.
  - Encourage collaborative (client) care and participation that includes diversity in approaches and populations.
  - Support the development of and participation in communities of practice.
  - Support research on the process and outcomes of partnership with community based organizations.
  - Advocate for an intersectoral approach to all health policy development.
  - Call for community health organizations to build collaboration into position descriptions, performance reviews, and work plans.

#### 4. Transform the health care system into a system for (community) health

***Background:***

The synthesis report suggests that the health system may be conceptualized as an overarching issue for all other issues in community health nursing. The health system and its various parts are complex and changing, but the emphasis on illness care remains the current paradigm. No one disputes the need for acute care for people experiencing illness, but there are increasing calls for services to prevent illness and injury and to achieve better balance between illness and wellness care if we are to achieve health equity. The limited and unstable funding allocated to health promotion and prevention speaks to their lack of value, as does the lack of stable long term funding for the community health sector.

A strong community health system has the potential to effectively and efficiently address disease and injury issues upstream to prevent them from occurring, delay their onset, or care for those affected closer to home to restore health. The provincial jurisdiction for health and social services impedes the ability of provinces to integrate services and collaborate intersectorally, which is necessary for effective population health interventions. Further, inconsistencies in the organization of care and the variation in job titles make it difficult to assess work force capacity (CHNC, 2010a). In late 2009, one gap identified at the Partners meeting: to better describe the community health nursing workforce and the complexity of care facing community health nurses. Implications of this gap are seen not only in the health system but also in role clarity and interprofessional intersectoral issues. A second gap was action on advocacy for long term stable funding for community health programs and infrastructure.

***Action 2010:***

The Community Health Nurses of Canada (CHNC) monitors the impact of the changing health system on community health nursing, community health nurses in all domains of practice, and promotes the certification of community health nurses to increase the impact of community health nurses on the health of Canadians and the health system itself.

Health Canada's Office of Nursing Policy (ONP) has been active supporting knowledge development and knowledge exchange on health human resource issues and interprofessional education. Of particular note with respect to this work is ONP's involvement in research lead by Underwood et al. which undertook to describe the public health nursing work force and system implications.

The Canadian Public Health Association (CPHA) is a voice for interprofessional public health in Canada and as a result makes presentations to key policy committees, acts as secretariat for national coalitions, advocates for healthy public policy in several arenas – for example, mental health promotion, health literacy, chronic disease prevention, among other issues. CPHA lends weight to policy issues that relate to healthy populations, such as sodium reduction, building and fire codes for example. CPHA participates in and leads many coalitions and partnerships, bringing voice to public health issues in multiple forums and jurisdictions that influence the health system.

The Canadian Nurses Association (CNA) made three presentations regarding health system issues to key policy-makers in 2010: pandemic preparedness; health human resources challenges; and transforming health through nursing innovations. Its 2010-2014 strategic plan outlines goals and objectives that include several of interest to community health nursing: unifying nursing voices; strengthening nursing leadership; promoting excellence; and advocating for healthy public policy and a quality health system. CNA is supportive of national PharmaCare and home health programs. It 's recent publication *The next decade: CNA's vision for nursing and health* provides an excellent overview of what the future might look like and how nursing might respond to ensure quality care for Canadians.

The Canadian Home Care Association (CHCA) reports that home health in modestly funded but complexity and acuity are rising rapidly in the client population. One of its key priorities is finding ways to use its health human resources effectively and efficiently. The CHCA is calling for national standards in the absence of a national home care program or strategy.

The Canadian Federation of Nurses Unions (CFNU) is calling for transformation in the health system that changes the workplace so that more nurses are retained and a lower absentee rate is achieved. It released a report *Experts and evidence: Opportunities in nursing* in 2010. This report presents innovative solutions to health system change. The CFNU is advocating PharmaCare funding for the next Health Accord, and is releasing a publication in February 2011 on long term care and home care issues, *Long-Term Care in Canada: Status Quo No Option*.

While the Public Health Agency of Canada (PHAC) does not have direct control over health service delivery, it is very influential in many areas that require systems perspective, multiple jurisdictions, and are at an early stage of development. In this regard, one of its priority projects is supporting an enumeration project in four Canadian provinces to collect data on health human resources to aid in forecasting and planning for service delivery. PHAC is also concerned with issues of capacity building in public health professional ranks and has supported the work on competency development.

***Examples of action for consideration:***

- ✓ Work with partners to bring a unified voice to the health system decision-making table so that community health funding can be increased and stabilized.
  - Advocate for intersectoral participation, including clients, in all health system deliberations and decisions.
  - Engage community health nurses at all levels in all domains of practice on relevant issues in order to build capacity for health system change.
  - Coordinate advocacy action for long term stable funding for community health programs, infrastructure and health human resources.
- ✓ Explore innovations that advance the role of community health nursing in health system reform.
  - Explore opportunities to establish a National Centre for Excellence in Community Health Nursing in order to research and understand the best mix of staff, services,

programs, and settings to achieve optimal outcomes for persons, families, communities and the health system.

- Consider supporting a Teaching Home Care Program (similar to the former teaching health units and the Public Health Research, Education and Development (P.H.R.E.D.) program in Ontario) to build capacity in home health nursing.
- Support research that measures community health nursing impacts on population health.

## 5. Support strong educational preparation in community health nursing

### ***Background:***

CHNC (2010a) calls for leadership in schools of nursing to strengthen community health content in nursing education curricula. Further, community health nursing educators must consider incorporating interprofessional strategies in instructional design. There is a lack of clinical placements for students; employers and community health nurses must be more welcoming of student practicum experiences by creating more clinical placement opportunities, particularly for the senior practicum.

### ***Action 2010:***

The Community Health Nurses of Canada (CHNC) advocate for actions that advance education in community health nursing in all regulated nursing professions at undergraduate and graduate levels. At the CHNC Annual General Meeting on June 16, 2010 a resolution was passed directing CHNC to advocate to CASN for standardization of community health nursing education in Canada.

The Canadian Association of Schools of Nursing (CASN, 2006) described public health nursing education at the baccalaureate level and identified challenges to integrating community/public health content within the curriculum were factors related to preceptors, practice environment and educational institution. Three broad recommendations included: promoting enhancement to structures for quality measurements in baccalaureate nursing education beginning with community health; promoting curricular enhancements in community health nursing; and advocating for financial and other support for infrastructure for community placements. A follow-up document (CASN, 2010) provided guidelines for quality community health nursing clinical placements for baccalaureate nursing students. Review of this document revealed that there was no expectation for community health nursing certification (CCHNC) for faculty or preceptors; this oversight ought to be addressed as soon as possible. Earlier we noted the shift of care from hospital to community without concomitant shifts in approach or philosophy. What community health nursing must take from hospital-based nursing is their welcome of students onto the wards; community health nurses and their employers must make better efforts to welcome students and support learning as one means to recruit the nurses necessary to staff the shifting system and to succession plan for those nurses leaving the community health nursing work force.

The Office of Nursing Policy (ONP) at Health Canada works with key national education stakeholders (i.e., CNA, CASN) to support national forums on nursing education to address some of the workforce challenges. Examples of workforce challenges are: aging of the professoriate and potential high retirement rate; interprofessional education; successful integration of internationally educated nurses; and the challenges of interprovincial mobility.

The Public Health Agency of Canada (PHAC) has supported projects via the public health workforce tools and products grants and contributions program. In addition, PHAC has been working with universities to explore the use of the Skills Online modules and content within university curriculum.

The Canadian Nurses Association (CNA) has no direct links into graduate and undergraduate education, but supports education through four key position papers on continuing competence (2004), entry to practice (2004), flexible delivery of nursing education programs (2004) and doctoral preparation (2003). CNA works closely with CHNC to provide access to specialty certification for community health nursing. CNA's role in graduate and undergraduate nursing education is to support CASN. CNA in its policy statements calls for nurses to teach nursing, and recommends that expert nurses assume roles as mentors and preceptors for students. It supports CNA certification in community health nursing for faculty and community preceptors.

The Canadian Federation of Nurses Unions (CFNU) members have greater interest in ongoing professional development than in basic education because of its direct impact on their work. That being said, it believes that credentials should be based on patient needs; CFNU supports certification as it is a concrete example of achievement of knowledge and skill and all collective agreements reward the nurse with an educational premium for this achievement.

The Canadian Public Health Association (CPHA) will launch its Knowledge Centre; this resource will support community health nurses in their work. It has posted several important resources on its site (e.g., Eat Safe, Health Literacy) and is engaged with the PHAC in supporting an emerging network of Schools of Public Health and MPH programs in Canada. CPHA has no direct input into community health nursing education, with the exception of the support its role document provides faculty for curriculum development.

The Canadian Home Care Association (CHCA) feels that home health nursing is not promoted within schools of nursing as a sector of choice for learning or employment. There is great opportunity to develop programs and clinical experiences in home health, recognising it is a specialty area in nursing practice, and that the hospital is not a benchmark for success in home health. Home health agencies need more students choosing senior practica in the community so that hiring them directly out of school becomes a more viable option; without senior practica, asking new graduates to come to home health is difficult.

**Examples of action for consideration:**

- ✓ Advance excellence in community health nursing education.
  - Support a national meeting of community health nursing educators and organizational leaders to enhance the implementation of the CASN guidelines with a view to increasing the number and types of clinical practice opportunities for students.
  - Open a dialogue between educators and employers about senior practica in community health nursing and opportunities for employment for new graduates.
  - Advocate for community health clinical placement funding.
  - Ensure that schools of nursing are using the most up-to-date information on standards (CHNC, 2008), competencies (CHNC, 2009a; 2010b), and roles (CPHA, 2010) in their curricula.
  - Challenge universities to include primary health care in the nursing curricula at undergraduate, graduate and specialty programs.
  - Advocate for increased opportunities in community health nursing at the graduate level.
  - Advocate for CCHN(C) certification to faculty members who teach community health nursing and for preceptors.
- ✓ Increase the voice of community health nursing education in CHNC.
  - Implement a membership drive for faculty and students (with a reduced fee for students).
  - Explore joint memberships for community health nursing educators with CHNC and the Canadian Association of Teachers of Community Health (CATCH).
- ✓ Explore options to assist transition from undergraduate education to the community health nursing workforce
  - Open dialogue with CNA, CHNC, and CASN to explore options for CCHN(C) certification in community health nursing for undergraduate students with senior practicum experience and to graduate students in community health nursing.
  - Advocate for funding to support clinical placements and culture change that supports student learning.
  - Advocate for clinical educator/mentor positions in community health organizations.
  - Examine the practice and policy of requiring two years experience in acute care before community health employment.
  - Establish a transition-to-practice program for new graduates or persons transferring to community health nursing (e.g., New Graduate Initiative, ON).
- ✓ Examine the non-nursing options for community health education and practice
  - With respect to MPH programs: Establish a project that “counts” the proportion of nurses in MPH programs across Canada and describes collaborations with schools of nursing and MPH programs (if any) with a view to better integration and partnerships.



- There is growing concern about the growth of physician assistant programs while nurses and nurse practitioners are underutilized; open dialogue with universities to consider other options that make more appropriate use of the current nursing workforce.

## **6. Improve access to a range of professional development resources to advance community health nursing capacity**

### ***Background:***

CHNC (2010a) found that the need for processes, policies, and access to a range of resources to support practice in all domains was a theme across the reports synthesized. These requirements were linked to the need for research in community health nursing and assistance for nurses to access research and translate the knowledge into practice. Linked to this was organizational and work setting support for learning, skill development and recruitment/retention strategies, distributed equitable across the continuum of care (p. 22). At the last Partners Meeting (November 2009) the following gap was identified: to strengthen research capacity and knowledge translation and exchange efforts.

### ***Action 2010:***

The Canadian Public Health Association (CPHA) will soon launch its Knowledge Centre, a web-based support for practising public health professionals. CPHA's annual conference provides access to professional development activities. Ongoing development of training tools and accredited courses (e.g., with the National Specialty Society for Community Medicine, Memorial University of Newfoundland) provide opportunity for learning. CPHA's leadership in the formation of communities of practice through the KnowledgeCentre will offer prospects for people with common interests to come together and move particular agendas forward. Existing "networks" have already merged around issues such as food security and health literacy. CPHA offers a PHAC-funded infectious diseases outbreak course that is accredited through Memorial University and a number of modules for e-learning on key topics of interest to community health nursing (e.g., EatSafe, health literacy).

The Canadian Nurses Association (CNA) offers several resources through its website for professional development in nursing: Nurse One, various toolkits (e.g., primary care), and several on-line self-paced learning modules (e.g., H1N1, ethics on-line). Its biennial conference also offers opportunities for continuing professional development. Backgrounders, research summaries, webinars, social justice gauge, and other tools are available through CNA.

The Canadian Home Care Association (CHCA) underscores the very urgent need for ongoing professional development and supporting resources for nurses in home health. Most education is delivered by employers, with nurses having access to journals and web-based learning modules, often on their own time. The interviewee suggested that a model for practice-based learning such as a teaching home care program linked to an educational institution (based loosely upon a replication of the successful teaching health unit structure) and supporting infrastructure with national reach and

perspective help to bring research into practice in ways that will support the advancement of home health nursing.

The Canadian Federation of Nurses Unions (CFNU) supports continuing professional development and notes that most negotiated contracts provide for this, but that workloads often preclude nurses from taking full advantage of opportunities. The CFNU views PD as a recruitment and retention strategy and links the amount invested in PD to the degree of job satisfaction expressed by nurses.

The Public Health Agency of Canada (PHAC) offers skill development programs on line to over 750 people three times per year; these are free programs with wait lists every term. The PHAC also supports MPH programming across the country by providing a central point for discussions and development of guidelines for curricula and practica. There are approximately 1000 MPH graduates per year, but questions remain about quality and employment roles in the health system. Further, the role of programs and schools in continuing professional development remains to be developed.

***Examples of action for consideration:***

- ✓ Articulate a unified national vision, scope and role statements, and values for community health nursing in Canada and ensure their uptake in curricula, research and practice settings.
  - Develop a proposal for national knowledge synthesis project for community health nursing.
- ✓ Set priorities for continuing professional development for community health nurses: health promotion theory; program evaluation; principles of epidemiology; nursing informatics; culturally relevant care; harm reduction; and emergency management.
  - Capitalize on opportunities to build and deliver learning activities accessible to community health nurses across Canada in ways that are innovative and make good use of technology to reach those community health nurses in remote and rural locations.
  - Engage in collaborative intersectoral partnerships; address service accessibility issues; integrate environmental health knowledge into practice and to advocate for healthy public policy to address the social and environmental determinants that influence health and equity.
- ✓ Support translation of evidence into best practice guidelines to enhance quality of care and client outcomes.
  - Secure funding opportunities to support research and knowledge translation to build the body of knowledge in home health nursing and effective models of care for community health nursing.
- ✓ Develop a workload measurement and complexity of care tool in community health nursing.
  - Create guidelines for population based staffing models for community health nursing.

## Emerging issues:

Several issues are on the radar of many of those interviewed for this project. They include (but are not limited to):

<p>The intersection of primary care and public health (including home health nursing)</p>	<p>There is a growing recognition that community based health services (e.g., home health, public health, and primary care) occasionally overlap and are sometimes duplicative. Much can be accomplished in terms of care in the community and community /population health if these sectors collaborated more effectively and worked in concert with social services, education and other community-based human services.</p>
<p>Technology – the sorts of technology that are best suited for community health nursing and how best to use software, social media, GPS and other programs/applications to support the work of community health nurses</p>	<p>The advances in computer hardware and software that assist the community-based practitioner to communicate most effectively and efficiently with colleagues, experts and clients have not been fully exploited in the community-based care sector.</p>
<p>Safety – patient safety AND safety of community health nurses, community health nursing faculty and students in the workplace and in community and educational settings.</p>	<p>Community health practitioners are often isolated in their practice – out in the community, in people’s homes, and in a variety of other places. Sometimes they are exposed to situations that might be unsafe for themselves or for the clients they serve. On another note, nurses teach family members and clients to perform certain procedures; there is no assurance that these procedures will be carried out as taught, putting the safety of the client at risk. Liability issues are a concern in this regard.</p> <p>A discussion on safety in employment settings must include the educational institutions and encompass safety of community health nursing faculty and students. Faculty members require environments that support teaching and learning. Safety issues include valuing and validating educators that may be isolated within the general faculty context and facilitating student transition to the community health nursing context. Quality workplace practicum experiences that support student transition to the employment context impact client and new graduate safety.</p>
<p>Community health nursing and the continuum of care – more recognition needs to be given to the continuum of care from promotion and prevention to restoration and rehabilitation within the context of the diverse range of roles assumed by community health nurses.</p>	<p>Since the advent of Primary Health Care (WHO, 1978) community health nursing has been recognised as a key resource to providing equitable opportunity for health for Canadians across the lifespan. Community health nurses provide a holistic approach to collaborative (client) care regardless of where clients live, what they earn, or what their religion or ethnic backgrounds are. Community health nurses, wherever they are located, are concerned with individuals in the context of families and communities no matter if the client is well, acutely or chronically ill, in a rehabilitation program or in palliative care. The strong links between nurses in primary care, home health and public health settings is an asset that can move the profession forward.</p>

## NEXT STEPS

The Community Health Nurses of Canada (CHNC) might consider moving the Blueprint for Action forward by using a consensus approach that has been proven to be effective in creating movements (e.g., the Ottawa Charter, 1986). With its partners, CHNC might convene a consensus meeting as part of its annual conference schedule; this consensus meeting could result in a “charter” that would lead community health nursing into the future. Subsequent annual or biennial conferences could engage the community health nursing research, education, administration, regulatory, and practice communities to flesh out each of the “arenas of action” to provide evidence and share best practices for the profession.

This discussion paper and the plan of action should be translated into French and the major points highlighted and communicated with intensity by all CHNC board and executive members, in all written and electronic communication, and in as many different forums as possible.

To create a change on a large scale requires strategic and tactical action. A framework for change ought to be selected, amended to suit community health nursing in Canada, and approved for action. One model that is presented here for consideration was found to be helpful to the Canadian Pharmacists Association when it developed its Blueprint for Pharmacy. Suggested actions are included for consideration by the CHNC Board, partners, and others to transform the *Blueprint for Action for Community Health Nursing in Canada* into action.

### Kotter’s Change Model (1996)

Create urgency	Develop a sense of urgency around the need for change to spark the initial motivation to get things moving.	Present the BPA at the 2011 CHNC conference and at CPHA. Place regular communications and updates in the CHNC newsletter. Increase membership in CHNC to get a critical mass of support Create the “case” by providing examples of exemplary community health nursing Help to make the “business case” for investment by collaborating with funders
Form a powerful coalition	Convince people that change is necessary. This often takes strong leadership and visible support from key people.	Lead ongoing consultations with key partners and stakeholders in community health Support the CHNC President and CNA to be strong voices for community health nursing
Create a vision for change	A clear vision can help everyone understand why you're asking them to do something so that when people see for themselves what you're trying to achieve, then the directives they're given tend to make more sense.	VISION: The role of community health nursing must be clear and well articulated so leaders can give voice to the contribution of the profession to the health of Canadians. Strong interprofessional and intersectoral partnerships must be forged and

		nurtured so that together we can influence positive changes in the health system, workforce development and education.
Communicate the vision	What you do with your vision after you create it will determine your success. Communicate it frequently and powerfully, and embed it within everything that you do.	Put the BPA vision on the website, and communicate it in every e-mail and written communication.
Remove obstacles	Put in place the structure for change, and continually check for barriers to it. Removing obstacles can empower the people you need to execute your vision, and it can help the change move forward.	Undertake a scan to learn what the obstacles to the vision are and act to reduce their influence
Create short-term wins	Create short-term targets – not just one long-term goal; each smaller target should be achievable, with little room for failure.	For CHNC ...
Build on the change	Each success provides an opportunity to build on what went right and identify what you can improve.	For CHNC ...
Anchor the changes in corporate culture	Make continuous efforts to ensure that the change is seen in every aspect of your organization.	For CHNC ...

This Blueprint for Action for Community Health Nursing in Canada builds on work undertaken and dialogue with nursing and non-nursing partners across Canada and is designed to guide action for current and future development of the field. It is intended to be used as guide for decisions and activities. It will be used as an advocacy tool, and as a guide to direct coordinated action to manage the strategic changes essential to enhancing community health nursing in Canada. The document will be taken to community health nurses at all levels and in all domains for comment and discussion and will be amended on an ongoing basis as progress is made and new opportunities are identified. It is intended to be useful to community health nurses so that they can contribute to the improvement of the health of all Canadians across the life course.

### **Suggestions for how to use the Blueprint for Action**

The *Blueprint for Action for Community Health Nursing in Canada* has been written to reach a wide audience, including community health nurses wherever they work and in whatever work they are engaged, employers, education and training providers, governments and policy makers, health workforce planners, nursing regulatory bodies and unions, other health practitioners, and, most importantly, to the people who live in Canadian communities.

As the title advises, we encourage you to use the *Blueprint for Action for Community Health Nursing in Canada* (and related tools) to inform reflection, decision-making and, most importantly, action within your organization, your context and/or your community. We offer some suggestions as a starting point and encourage you to think and be creative! Feel free to ‘borrow’ any of the ideas for

your own use and purpose. The *Blueprint for Action for Community Health Nursing in Canada* will come to life through real world use and shaping via experience and feedback.

- ✓ Create a work group to map the *Blueprint for Action for Community Health Nursing in Canada* against your organization's strategic plan, program priorities, policies and/or mandate.
  - Identify arenas of action that resonate within your organization and/or context.
  - Identify arenas of common purpose and synergy for collaborative action.
  - Identify partners to work with common purpose and synergy; think local, regional, and national.
  - Choose specific and manageable actions to move forward within your organization and context; use 'one pagers' to help you begin and focus your message.
  - Develop project proposals to pilot specific actions within your organization and/or context so they are ready to go when funding opportunities arise.
- ✓ Use the *Blueprint for Action for Community Health Nursing in Canada* to help you identify emerging issues that may require action within your organization, context and/or community.
- ✓ Use the *Blueprint for Action for Community Health Nursing in Canada* (and related tools) as the focus for a first meeting with a new partner that has a common interest or purpose for action.
  - Identify economies of savings that may be realized via collaborative action with partners.
- ✓ Managers: Put the *Blueprint for Action for Community Health Nursing in Canada* and key issues on the agenda on your next meeting with program teams and management. Arrange forums with employees to discuss key issues.
- ✓ CHNC and partners: Spread the word widely: notify your members of the Blueprint through website, newsletter or meetings.
  - Create an "E notice board" for your members to post their comments and reflections.
  - Use the *Blueprint for Action for Community Health Nursing in Canada* as a starting point to help you create a Political Action and Advocacy committee!
- ✓ Nurse leaders/CHNC regional representatives: Lead discussion of the arenas for action at executive, intra/interdisciplinary and inter-professional team meetings. Invite a range of perspectives to inform decision-making and planning.
  - Put the *Blueprint for Action for Community Health Nursing in Canada* on the agenda of your next professional and/or special interest group meeting. Facilitate discussion and collect feedback that can be used in decision-making and planning.
  - Create a workgroup to transform one section of the *Blueprint for Action for Community Health Nursing in Canada* into a plain language 'one pager' responsive to **your** local context; use it to map out a first step towards feasible action.
- ✓ Take the *Blueprint for Action for Community Health Nursing in Canada* (and related tools) to local community based organizations for discussion; work collaboratively to create a plain language 'one pager' that can inform their program planning.
  - Engage client and client groups in discussion through health and social services agencies.

- ✓ Use the *Blueprint for Action for Community Health Nursing in Canada* tools to help you host a 'Community Health Action' event with your intersectoral and community partners; use the *Blueprint for Action for Community Health Nursing in Canada* tools for collaborative decision making and planning.
  - Use the *Blueprint for Action for Community Health Nursing in Canada* (and related tools) to help you create a "Community Health Nurses: Who we are" event in your community. Spread the word about who community health nurses are, what they do and why community health nursing is important to your community.
  - Create tailored communications tools for diverse audiences (e.g., members, policy-makers, administrators, partners, educators, media) to share key points and issues
  - Use the *Blueprint for Action for Community Health Nursing in Canada* tools to inform discussion with local media about importance of community health nursing and community health.
  - Use the *Blueprint for Action for Community Health Nursing in Canada* tools to inform communication and advocacy with politicians and decision-makers; from local municipal sectors to regional and beyond.
- ✓ Share your experience using the *Blueprint for Action for Community Health Nursing in Canada* at local, regional and national forums, including conferences and webinars!

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## Appendix A: List of reports included in CHNC (2010a) synthesis report:

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2. Schofield, R., Ganann, R., Brooks, S., McGugan, J. (2008). *Community health nursing Vision 2020: Wait or shape?* Toronto, ON: Community Health Nurses Association of Canada.
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  - b. Underwood, J., Baumann, A., Akhtar-Danesh, N., MacDonald-Rencz, S., MacDonald, M., MacDonald, M., Matthews, S., Goodyear, R., Mowat, D., Blythe, J., Dragan, A., Gannan, R., Ciliska, D. (2009b). *National community health nursing study: Comparison of enablers and barriers for nurses working in the community*. Hamilton, ON: McMaster University, Nursing Health Services Research Unit, (Health human resources series; No.14).
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## **APPENDIX B: CNA CERTIFICATION SPECIALTIES**

1. Neuroscience Nursing
2. Nephrology Nursing
3. Occupational Health Nursing
4. Emergency Nursing
5. Critical Care Nursing
6. Perioperative Nursing
7. Psychiatric/Mental Health Nursing
8. Oncology Nursing
9. Gerontological Nursing
10. Perinatal Nursing
11. Cardiovascular Nursing
12. Critical Care Pediatrics Nursing
13. Gastroenterology Nursing
14. Hospice Palliative Care Nursing
15. Community Health Nursing
16. Orthopaedics Nursing
17. Rehabilitation Nursing
18. Enterostomal Therapy Nursing
19. Medical-Surgical Nursing

## APPENDIX C: INTERVIEW GUIDES

### INTERVIEW GUIDE A: NURSING PARTNERS/STAKEHOLDERS

In 2010, a document synthesizing eight key reports on community health nursing in Canada was released by the Community Health Nurses of Canada. It found convergence in six key theme areas. I am going to list these one at a time and ask you if your organization has taken action or made any gains in these areas and if so, to describe them. If there are any documents or reports that you can share, I would appreciate receiving them (avollman@shaw.ca or Ardene Robinson Vollman, 19 Evergreen Rise SW Calgary T2Y 3H6).

The impact of the health system on the delivery of care by community health nurses
The need to work at full scope and greater clarity for the community health nursing role in all domains of practice
The need for access to a range of resources such as professional development and health human resources
The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors
The importance of nursing leadership in supporting practice and providing a voice for the profession
The need for strong educational preparation of nurses

#### Is there anything you would like to add?

There were four gaps (or opportunities) identified in this synthesis on which I would ask you to comment. Has your organization taken any action on these and if so, can you describe what has happened and what outcomes were achieved?

To better describe the community health nursing workforce and the complexity of care facing community health nurses
To foster leadership development and succession planning in community health nursing
To strengthen CHN research capacity and knowledge translation and exchange efforts
To advocate for long term stable funding for community health programs and infrastructure

#### Is there anything else you would like to add or comment on?

**Thank you for participating in this interview.**

## **INTERVIEW GUIDE B: INTERPROFESSIONAL/INTERSECTORAL PARTNERS**

In November of 2009, the CHNC met with key national partners to discuss common issues and opportunities for collaboration. Six priority areas or issues were identified for interprofessional and intersectoral collaboration.

I am going to list the issues one by one, and for each, can you please tell me if your organization [name] has made any strides (taken action) or gains on the issue and if so, what they are. If you have any reports or documents, I would like to receive copies of whatever you can release at this time [documents can be sent to avollman@shaw.ca – or Ardene Robinson Vollman, 19 Evergreen Rise SW Calgary T2Y 3H6]

Strengthen the public health/community health system
Address health promotion and illness and injury prevention
Develop communities of practice
Support knowledge exchange & continuing education and professional development
Strengthen interdisciplinary partnerships
Address the social determinants of health

**Are there other issues or challenges facing community health that you would like to raise? [Ask the interviewee to explain – define, describe, scope, rationale, suggested solutions, etc.]**

**Thank you for participating in this interview.**

## APPENDIX D: COMMUNITY HEALTH NURSING PARTNERS 2010

Education	Canadian Association of Schools of Nursing
Policy	Public Health Agency of Canada Office of Nursing Policy First Nations and Inuit Health
Leadership	Canadian Nurses Association Canadian Public Health Association Canadian Home Care Association Canadian Federation of Nurses Unions
Research	National Collaborating Centres for Public Health (6)
Practitioners	Community Health Nurses of Canada Practical Nurses Canada
Non-nursing Partners	Canadian Institute of Public Health Inspectors PanCanadian Public Health Nutrition Practice (Dieticians of Canada) National Specialty Society for Community Medicine Canadian Association of Public Health Dentistry Canadian Pharmacists Association

## APPENDIX F: INTERVIEW SUMMARIES

### COMMUNITY HEALTH NURSES OF CANADA

The *Blueprint for Action*, in development, is intended to map out an emerging framework for collaborative vision and action on all of these major themes relevant to community health nursing and the health of Canadians

<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"><li>• <i>Influence of Certification on Community Health Nursing</i></li><li>• <i>CHN Vision 2020</i></li></ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"><li>• <i>Home Health Nursing Competencies</i></li><li>• <i>Public Health Nursing Discipline Specific Competencies</i></li><li>• <i>With CPHA published 4<sup>th</sup> edition Public Health Community Health Nursing Practice in Canada Roles and Activities</i></li><li>• <i>CHN Vision 2020</i></li><li>• <i>Definition of CHN practice</i></li><li>• <i>Revised Canadian Community Health Nursing Standards of Practice</i></li></ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"><li>• <i>Webinars on Evidence Informed Decision Making.</i></li><li>• <i>Certification Guide Book available on website for members</i></li><li>• <i>Learning Needs Assessment Tool posted on website</i></li><li>• <i>Powerpoint slide decks on Home Health and Public Health Nursing Competencies</i></li><li>• <i>Annual National Community Health Nursing Conferences</i></li></ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"><li>• <i>Active member of associated and affiliated and emerging groups in Canadian Nursing</i></li><li>• <i>CHNC represents AAEs on CNA Board</i></li><li>• <i>CHNC member of CPHA Advisory Committee</i></li><li>• <i>Conducted workshop on Social Justice Gauge with CNA at 4<sup>th</sup> National Conference</i></li><li>• <i>Canadian Nurses Association's Social Justice Work with the Community Health Nurses of Canada: Assessment of Current CHNC Programs, Policies and Products Using the CNA Social Justice Gauge</i></li><li>• <i>CHNC member of National Advisory Committee with the Dieticians of Canada, Canadian Paediatric Society and the College of Family Physicians of Canada; developed and disseminated the Collaborative Statement: Promoting Optimal Monitoring of Child Growth in Canada - Using the New World Health Organization [WHO] Growth Charts to update practice recommendations; to endorse adoption of the WHO growth charts and consistent monitoring of child growth by health professionals across Canada</i></li><li>• <i>CHNC member of the National Advisory Committee with the Dieticians of Canada, the Canadian Paediatric Society and the College of Family Physicians of Canada, Canadian Obesity Network, NutriSTEP Research Team: A Training Program for Primary Health Care Practitioners on the Use and Interpretation of the WHO Growth Charts Adapted for Canada</i></li></ul>



- Partner with CIPHI and CNA to develop a 2011 CHNC pre-conference workshop to promote environmental advocacy capacity.
- 2010-11 Developed a Professional Practice Model in collaboration with CASN
- CHN Vision 2020
- Active member on CASN Public Health Subcommittee
- CHNC Political Action and Advocacy Standing Committee took on responsibility for the Blueprint for Action project to map out a framework for collaborative action to address current and future community health nursing in Canada and to a guide decisions and activities to promote and protect the health of Canadians.
- Blueprint for Action Partner Summit held in February 2011

**The importance of nursing leadership in supporting practice and providing a voice for the profession**

- *Community Health Nurses Speak Out! Key Findings from an Environmental Scan about the Future of Community Health Nursing in Canada*
- *Secondary analysis of the Environmental Scan data in progress; will be focus of a 2011 CHNC conference network cafe*
- *CHN Vision 2020*
- *PHN Centre of Excellence partnership -3 Board members have participated on the Task Group*
- *The Blueprint for Action to be focus of a 2011 CHNC pre-conference consultation workshop*
- *Participated with CNA in discussion with CIHI to advocate for timely and ongoing inclusion of nursing input within Canadian PHC Electronic Records Management Standards development*

**The need for strong educational preparation of nurses**

- *At the CHNC Annual General Meeting on June 16, 2010 a resolution was passed directing CHNC to advocate to CASN for standardization of community health nursing education in Canada. Letter sent to Board of CASN*
- *CHN Vision 2020*

**GAPS IN COMMUNITY HEALTH NURSING**

**To better describe the community health nursing workforce and the complexity of care facing community health nurses**

*The following documents have been distributed to key decision makers and leaders across Canada: Home Health Nursing Competencies; Public Health Nursing Discipline Specific Competencies; With CPHA published 4<sup>th</sup> edition Public Health Community Health Nursing Practice in Canada Roles and Activities; CHN Vision 2020; Definition of CHN practice; and Revised Canadian Community Health Nursing Standards of Practice*

**To foster leadership development and succession planning in community health nursing**

*Centre for Excellence in Community Health Nursing workgroup representation and support within the Political Action and Advocacy Standing Committee*

**To strengthen CHN research capacity and knowledge translation and exchange efforts**

*4<sup>th</sup> National Community Health Nursing Conference  
Collaborated with McMaster University on study Strengthening the Quality of Community Health Nursing Practice A Pan Canadian Survey of CHNs Continuing Education Needs*

**PUBLIC HEALTH AGENCY OF CANADA**

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>PHAC is focused on the realm of what is defined as public health; pan-Canadian approach.</i></li> <li>• <i>Work with the Advisory Committee on Health Delivery and Human Resources from Health Canada; mostly focused on HHR issues; many issues being addressed warrant systems perspective.</i></li> <li>• <i>Public Health Human Resources Task Group; two priority areas: (1) promoting quality graduate education (looking at Canadian system of accreditation in public health, updating MPH program and practicum guidelines, and a task group that looked at developing a national association of MPHs and schools of public health); and (2) enumerating the public health workforce.</i></li> <li>• <i>Working with accreditation bodies to ensure public health standards are met.</i></li> <li>• <i>Workforce development initiatives (in core and discipline-specific competencies).</i></li> <li>• <i>Advocate for public health positions within government.</i></li> </ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"> <li>• <i>Core competencies support and promote interprofessional practice, by clarifying roles.</i></li> <li>• <i>Need to work to full scope of practice and greater clarity for community health nurses.</i></li> <li>• <i>Continue to work to marry core competencies; if we want to make them pan-Canadian, need to do some pilot work looking at best practice of core competencies at regional or provincial level.</i></li> <li>• <i>Work looking at community health nursing specialty certification.</i></li> <li>• <i>Supporting development of home health competencies.</i></li> <li>• <i>Supported the work of Jane Underwood.</i></li> <li>• <i>Contribution dollars for the revisions of the Standards of Practice and Community Health Nursing Model of Practice.</i></li> </ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"> <li>• <i>Skills Online School; continue to deliver modules through three terms/year; waiting list; what are the opportunities to move forward with this program.</i></li> <li>• <i>Public Health Human Resources Task Group work on quality education</i></li> <li>• <i>Need to look at where graduates of MPH programs are going; what are their skills; do they address the needs of employers?</i></li> </ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"> <li>• <i>Intraprofessional collaboration promoted through work with CHNAC.</i></li> <li>• <i>Core competencies work promotes interprofessional.</i></li> <li>• <i>Working with Health Canada to increase and develop partnerships.</i></li> <li>• <i>Need to engage the wider nursing community (ex. CAN).</i></li> <li>• <i>Public Health Human Resources Task Group supporting intersectoral relationship between education and practice.</i></li> </ul>

**PHAC cont'd**

<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b></p> <ul style="list-style-type: none"> <li>• <i>Evaluated grant contribution program; identified need to build organizational public health capacity; leadership is a key piece of organizational capacity.</i></li> <li>• <i>Internally, within PHAC, some work being done around developing diagnostics looking at leadership within the agency. Developing a framework in terms of what public health leadership looks like to PHAC.</i></li> <li>• <i>Want to use a pilot program to look at building public health leadership capacity externally; important area in the future.</i></li> <li>• <i>Recently joined Canadian Health Leadership Network; very focused on health care, rather than community health.</i></li> </ul>
<p><b>The need for strong educational preparation of nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Already discussed; underlining importance of core competencies in generating interprofessional collaboration.</i></li> </ul>

<b>GAPS IN COMMUNITY HEALTH NURSING</b>
<p><b>To better describe the community health nursing workforce and the complexity of care facing community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Addressed</i></li> </ul>
<p><b>To foster leadership development and succession planning in community health nursing</b></p> <ul style="list-style-type: none"> <li>• <i>Addressed</i></li> </ul>
<p><b>To strengthen CHN research capacity and knowledge translation and exchange efforts</b></p> <ul style="list-style-type: none"> <li>• <i>Have done work on this through the grants and contributions program; funded applied public health research chairs; possibility to build applied research capacity.</i></li> </ul>
<p><b>To advocate for long term stable funding for community health programs and infrastructure</b></p> <ul style="list-style-type: none"> <li>• <i>PHAC takes advocacy and influence role</i></li> </ul>
<p><b>Additional Comments:</b></p> <ul style="list-style-type: none"> <li>• <i>Intersection between public health and primary care is on PHAC's radar.</i></li> <li>• <i>Healthy/quality work environments for public health professionals is on PHAC's radar; looking specifically at nurse safety would be on the fringe.</i></li> </ul>

## OFFICE OF NURSING POLICY (ONP)

KEY THEME AREAS IN COMMUNITY HEALTH NURSING
<p><b>The impact of the health system on the delivery of care by community health nurses</b> <i>Health Canada's Office of Nursing Policy (ONP) has been active supporting knowledge development and knowledge exchange on health human resource issues and interprofessional education. Of particular note with respect to this work is ONP's involvement in research lead by Underwood et al. which undertook to describe the public health nursing work force and system implications.</i></p>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b> <i>ONP is the federal source of integrated knowledge and policy advice with respect to the role and impact of health human resource planning with a focus on evidence-based policy related to nursing workforce issues. With respect to the challenges of public health nursing ONP works in concert with the Public Health Agency of Canada (PHAC) Office of Public Health Practice.</i></p>
<p><b>The need for access to a range of resources such as professional development and health human resources</b> <i>Not addressed</i></p>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b> <i>ONP works collaboratively with its federal, provincial and territorial colleagues to share best practices, recognizing the jurisdictional responsibility for health care and health system delivery, to address nursing workforce challenges.</i></p>
<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b> <i>The ONP has the nursing leadership issue on its radar screen; given that the average of RNs is 44.8 years of age, and recognizing that many nurses retire at age 55, and many nurses assume leadership responsibility in the latter years of their career, this drives the need for succession planning for the health care system. The ONP is working with provincial and territorial colleagues and key nursing stakeholders to address this challenge. A number of ideas are currently being explored to foster leadership development and encourage nurses to assume management roles.</i></p>
<p><b>The need for strong educational preparation of nurses</b> <i>The ONP works with key national education stakeholders (i.e., CNA, CASN) to support national forums on nursing education to address some of the workforce challenges. Examples of workforce challenges are: aging of the professorate and potential high retirement rate; interprofessional education; successful integration of international educated nurses; and the challenges of interprovincial mobility.</i></p>

**ONP cont'd:**

<b>GAPS IN COMMUNITY HEALTH NURSING</b>
<b>To better describe the community health nursing workforce and the complexity of care facing community health nurses</b> <i>Addressed earlier through discussion of Underwood research</i>
<b>To foster leadership development and succession planning in community health nursing</b> <i>Addressed earlier</i>
<b>To strengthen CHN research capacity and knowledge translation and exchange efforts</b> <i>The ONP has a responsibility for knowledge exchange and transfer.</i>
<b>To advocate for long term stable funding for community health programs and infrastructure</b> <i>This relationship has been clarified from federal perspective.</i>
<b>Additional Comments:</b> <i>The ONP focuses predominantly on nursing (and in particular, three types of profession-regulated work. However, they also look at intersectoral collaboration, which examines all health care professions.</i>

## CANADIAN FEDERATION OF NURSES UNIONS (CFNU)

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Focusing on health transformation in all nursing practice; changing workplace due to high level of absenteeism and overtime</i></li> <li>• <i>Report on Expert and Evidence; talking to different experts on the role of nursing (including community health nursing)</i></li> <li>• <i>Long-Term Care in Canada: Status Quo No Option; looking at long-term care and home care; targeted to federal government, need for discussion</i></li> <li>• <i>Does not perceive provincial jurisdiction as impeding national direction.</i></li> </ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"> <li>• <i>Unions more focused on role elimination than role clarity; role elimination tends to be worse in the community.</i></li> <li>• <i>Provider should be based on the acuity and complexity of the patient/client; if you increase scope without proper supervision or training, then there is a liability increase.</i></li> </ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"> <li>• <i>Ongoing issue; challenge of professional development is in terms of time and funding.</i></li> <li>• <i>Professional development is part of collective agreements.</i></li> <li>• <i>Emphasis on professional development in terms of retention and recruitment; job satisfaction</i></li> </ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"> <li>• <i>Put emphasis first into INTRA-professional relationships, then interprofessional.</i></li> </ul>
<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b></p> <ul style="list-style-type: none"> <li>• <i>Top issue; losing ground quickly</i></li> <li>• <i>Round table of health economists to talk about social return of investment on nursing; question of nursing leadership was on everyone's mind (e.g., Does it make a difference to have a nurse leader, when he/she does not report to a board of directors)</i></li> <li>• <i>During economic downturn, first area of layoffs is always in middle management, which is a concern; also difficult when nurses working shift work earn more than nurse managers.</i></li> </ul>
<p><b>The need for strong educational preparation of nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Strong Collective agreement language</i></li> <li>• <i>Strong education preparation and continuing education seem to be wanted by nurses; tends to be more sought after than BN and MSc training.</i></li> <li>• <i>CHNC certification seems popular</i></li> </ul>

CFNU cont'd:

<b>GAPS IN COMMUNITY HEALTH NURSING</b>
<b>To better describe the community health nursing workforce and the complexity of care facing community health nurses</b> <ul style="list-style-type: none"><li>• <i>Has not done much work in this area; getting a better picture of this is challenged by variation among provinces/territories.</i></li></ul>
<b>To foster leadership development and succession planning in community health nursing</b>
<b>To strengthen CHN research capacity and knowledge translation and exchange efforts</b> <ul style="list-style-type: none"><li>• <i>Research to Action project with Health Canada; looking at 10 different pilots in acute and long-term care; next phase emphasizes focus on community health nursing and homecare; need to increase education and IT ability.</i></li></ul>
<b>To advocate for long term stable funding for community health programs and infrastructure</b>
<b>Additional Comments:</b> <ul style="list-style-type: none"><li>• <i>Need to focus on nurse safety, not just patient/client safety; different challenge in homecare/community health nursing setting than in acute care; opportunity to capitalize on IT uses for safety.</i></li></ul>

**CANADIAN ASSOCIATION OF SCHOOLS OF NURSING (CASN)**

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Advocacy component, but more through education</i></li> <li>• <i>Public Health Sub-Committee has developed clinical practice guidelines for placements; encompasses broader context of community health nursing.</i></li> </ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"> <li>• <i>CASN subcommittee has looked at this from the perspective of the educational requirements for the different domains and full scope of practice been involved in this</i></li> </ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"> <li>• <i>Has been an issue for the Public Health Sub-Committee; have recommended that people supervising students in clinical placements need to have a public health background.</i></li> <li>• <i>No jurisdiction over continuing education; focus is on undergraduate and graduate preparation</i></li> <li>• <i>Only prescriptive program by CASN is accreditation; otherwise, only focus on recommendation, guidelines, position statements; Public Health Sub-Committee has suggested bolstering descriptors for accreditation as it relates to community health.</i></li> </ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"> <li>• <i>Have been involved with developing inter-professional guideline standards and indicators, to be incorporated into accreditation programs; also helped to develop a national inter-professional competency framework.</i></li> <li>• <i>Joint and cross appointments</i></li> </ul>
<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b></p>
<p><b>The need for strong educational preparation of nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Mission is to advance quality in nursing education, and to promote scholarship and research, as well as accreditation</i></li> <li>• <i>A key part of quality practice is quality education</i></li> <li>• <i>Refer to “white paper”</i></li> <li>• <i>Traditionally a stronger obligation to teach future health professionals in acute care agencies; would argue that there is that same culture in community health agencies and organizations; there is a need for the service sector to recognize role and value in the education of future nurses</i> <ul style="list-style-type: none"> <li>○ <i>need for more partnerships between education and service agencies (typically better in the acute care sector)</i></li> <li>○ <i>shortages of nurses often felt more in acute care sector, as community care sector does not typically hire new graduates, therefore greater incentive for education in acute sector</i></li> </ul> </li> </ul>



CANADIAN ASSOCIATION OF SCHOOLS OF NURSING (CASN) cont'd

GAPS IN COMMUNITY HEALTH NURSING

**Additional Comments:**

- *IT: Important consideration; relates to nursing education and how we think about practice; looking to creating a task force to address this.*
- *Safety: is on the radar of educators; a factor in clinical placements for students; a barrier to training*

**CANADIAN HOME CARE ASSOCIATION (CHCA)**

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Home care tends to be modestly funded, but needs are increasing.</i></li> <li>• <i>Need to focus on use of allied workforce; role of personal support worker, home support worker, and the roles and tasks that they assume; not looking closely at scope of practice, but aware of need to leverage resources; supportive of CNA paper on the role of assistance, regulation of personal support workers; also looking at the role of therapy providers</i></li> <li>• <i>Variation in funding among provinces/territories</i></li> </ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"> <li>• <i>Home care nurses tend to take on a coordinator role – fill the gap when other disciplines are not available</i></li> <li>• <i>Home Health Competencies for Community Health Nurses was a useful framework</i></li> <li>• <i>Work in understanding and promoting integration in the health system; trying to demonstrate the importance of home care as a bridge to other sectors of the health care system, and the value of upstream intervention.</i></li> <li>• <i>Chronic Disease Prevention and Intervention Framework, links with the health system to have a model for care - helps home care to advance its standing within the health system</i></li> </ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"> <li>• <i>Ongoing professional development of home care nurses is important</i></li> <li>• <i>Interested in understanding the potential of teaching home care programs (ex. like teaching hospitals); a lot of learning when a nurse has a mentor, bringing teaching into setting; no standardization currently, no funding.</i></li> <li>• <i>Professional development largely gained through delivery by employers; some employers have developed web-based learning.</i></li> </ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"> <li>• <i>Need to outline the role of case management and case managers; case management is always present. In home care ¾ of the case managers are nurses (either sole or integrated role). Area to develop would be to clarify case management as always being a part of care.</i></li> </ul>
<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b></p> <ul style="list-style-type: none"> <li>• <i>No structure of leadership development within home care.</i></li> <li>• <i>Rate of turnover depends on the jurisdiction.</i></li> </ul>
<p><b>The need for strong educational preparation of nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Not a lot of emphasis given to preparing people for home care; lots of opportunity to improve upon this.</i></li> <li>• <i>Tends to be newer grads coming into home care now (in the past, typically had 5 years experience before entering home care); difficult for newer graduates; causes lack of clarity around the role of home care as a unique mode of health care delivery.</i></li> </ul>

CHCA cont'd

<b>GAPS IN COMMUNITY HEALTH NURSING</b>
<b>To better describe the community health nursing workforce and the complexity of care facing community health nurses</b> <ul style="list-style-type: none"><li>• <i>Important; community health nursing subset home care nursing workforce.</i></li></ul>
<b>To foster leadership development and succession planning in community health nursing</b> <ul style="list-style-type: none"><li>• <i>Important to home care structure in that more resources need to be added to develop and support leadership.</i></li><li>• <i>Needs to be unique and dedicated programming that addresses the needs of the sector, and to develop a certain level of expertise.</i></li></ul>
<b>To strengthen CHN research capacity and knowledge translation and exchange efforts</b>
<b>To advocate for long term stable funding for community health programs and infrastructure</b> <ul style="list-style-type: none"><li>• <i>Addressed earlier; particularly for home care; multi-year funding (stability)</i></li></ul>
<b>Additional Comments:</b> <ul style="list-style-type: none"><li>• <i>Gap: community health – primary care intersection; need to bring primary care funding more out into public arena</i></li><li>• <i>Safety in the home care setting needs to be studied; unique challenges of trying to accountable for safe care in the home, when majority of care is provided by family; how to define safe environment; how to prepare families to provide safe care.</i></li><li>• <i>Mobile technology is moving into home care sector very slowly, but is going to be the way the nurses coordinate, deliver, monitor care; need to use that technology to better support and leverage role; use for delegation of tasks to family or other members of care team.</i></li></ul>

## CANADIAN NURSES ASSOCIATION (CNA)

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"><li>• <i>CNA vision for next decade: need for nurses as entry point to health promotion and disease prevention; focusing on keeping people well by linking health to social determinants, forwarding health promotion, promoting community based care; Investing in primary care in the community; serving vulnerable population; national PharmaCare program [http://www.cna-aiic.ca/CNA/documents/pdf/publications/Next_Decade_2009_e.pdf]</i></li><li>• <i>New strategic plan</i></li><li>• <i>System reform: http://www.cna-aiic.ca/CNA/news/releases/public_release_e.aspx?id=277</i></li></ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"><li>• <i>Looking at nursing care delivery models - held a forum in October; recognize the shortage of this information for the public health nursing sector and staff mix; looking to develop evaluation model for nurse managers to determine appropriate care model and staff mix</i></li><li>• <i>When looking at staff mix, need more focus on public health sector – need discussion, more research, looking at trends</i></li><li>• <i>Communicating the value added of the nursing role in the community to decision makers</i></li><li>• <i>CNA looks at the national scene, allows provinces/territories to tailor messages to their own situations</i></li></ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"><li>• <i>General documents looking at this from a broader systems perspective</i></li><li>• <i>Primary care toolkit; contains evidence that looks at physical activity, health promotion, tobacco cessation</i></li><li>• <i>Resources on H1N1 for professional development</i></li><li>• <i>Ethics online learning tool focusing on the public health nurse</i></li><li>• <i>Develop resources that nurses can use for professional development</i></li><li>• <i>Hold annual conference and attend conferences</i></li></ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"><li>• <i>Connection with all associated/affiliated groups; developing engagement strategy</i></li><li>• <i>Need to look at intraprofessional relationships</i></li><li>• <i>Need to build on intersection between public health and primary care; primary health care strategy, looking at access and equity issue in primary care services – includes community health nurses in rural and remote areas, nurses in community care centres, nurse practitioners.</i></li><li>• <i>Collaboration: Patient Safety Institute; College of Family Physicians; Canadian Coalition for Public Health in the 21<sup>st</sup> Century; PHAC; Health Canada; Canadian Medical Association</i></li><li>• <i>Aligning actions more closely with other organizations to present a cohesive front of information; presenting consistent messages to government.</i></li></ul>

## CNA cont'd

### **The importance of nursing leadership in supporting practice and providing a voice for the profession**

- *Positioning formal and informal nursing leaders at decision making tables; working with associate groups.*
- *Looking at best models of nursing leadership*
- *Promoting evidence that evaluates the impact of nursing leadership*
- *Promoting nursing leadership, education around nursing leadership, mentorship*
- *[http://www.cna-aiic.ca/CNA/practice/leadership/default\\_e.aspx](http://www.cna-aiic.ca/CNA/practice/leadership/default_e.aspx)*

### **The need for strong educational preparation of nurses**

- *Looking at shifting undergraduate and graduate curriculums from an illness treatment model to one that focuses on keeping people well*
- *Emphasis on nurses teaching nurses, in the field, as mentors and preceptors.*

## **GAPS IN COMMUNITY HEALTH NURSING**

### **To better describe the community health nursing workforce and the complexity of care facing community health nurses**

- *Being addressed (e.g., primary care toolkit)*

### **To foster leadership development and succession planning in community health nursing**

- *Being addressed, and will be addressing it more over next five years*

### **To strengthen CHN research capacity and knowledge translation and exchange efforts**

- *Working with Canadian Nurse Foundation for Research, CIHI, CIHR on how to increase capacity; linkages with NCCs.*

### **To advocate for long term stable funding for community health programs and infrastructure**

- *CNA putting out election platform; looking at funding that focuses not just on illness care, but also disease prevention, injury prevention, and health promotion.*

### **Additional Comments:**

- *Key messages from CNA: defining and advancing the role of nursing, across all sectors; pushing for investment in the community; looking at primary health care principles; health public policy work focusing on primary health care, community health care, aging Canadians; aligns with CHNC.*
- *Social Justice:  
[http://www.cna-aiic.ca/CNA/documents/pdf/publications/Social\\_Justice\\_2010\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/Social_Justice_2010_e.pdf)*
- *Nurse Fatigue and Safety:  
[http://www.cna-aiic.ca/CNA/practice/safety/full\\_report\\_e/files/fatigue\\_safety\\_2010\\_report\\_e.pdf](http://www.cna-aiic.ca/CNA/practice/safety/full_report_e/files/fatigue_safety_2010_report_e.pdf)*

## FIRST NATIONS AND INUIT HEALTH (FNIH)

<b>KEY THEME AREAS IN COMMUNITY HEALTH NURSING</b>
<p><b>The impact of the health system on the delivery of care by community health nurses</b></p> <ul style="list-style-type: none"><li>• <i>Practice environment is remote and outposts</i></li><li>• <i>In process of looking at health delivery changes; skill-mix issues in regard to delivery of health care (due to shortage of nurses); difficulty recruiting Nurse Practitioners to outposts</i></li><li>• <i>Role changing due to self-governance by bands, particularly in British Columbia (currently), Alberta and Saskatchewan (past).</i></li></ul>
<p><b>The need to work at full scope and greater clarity for the community health nursing role in all domains of practice</b></p> <ul style="list-style-type: none"><li>• <i>Facing challenges due to recruitment and retention; looking at skill mix as part of that (skill mix of NPs, RNs, LPNs); conducting some pilots looking at skill mix, including first responders, paramedics, pharmacy techs, lab techs; how do we best support the nurses we have, and requiring the RNs, as well as other health care providers, to work to full scope</i></li><li>• <i>Ever changing role due to the work environment therefore a solid orientation to the clinic and the community would be very helpful in integrating the nurses to the clinic and community which would increase retention. Given the clinical demands within the isolated and remote clinics advanced or additional education and training is required. .</i></li></ul>
<p><b>The need for access to a range of resources such as professional development and health human resources</b></p> <ul style="list-style-type: none"><li>• <i>Distance education (costly to replace nurses if removing for training); also realize the benefit to participating in workshops.</i></li><li>• <i>Financial and time support, as available.</i></li><li>• <i>Find that NP programs are currently best able to meet demands for continuing education; looking into specializations into Inuit and First Nation health.</i></li><li>• <i>Health Canada and First Nation and Inuit Health has put a lot of effort into getting connectivity with nursing stations in the North; bandwidth and connectivity are issues, but getting better</i></li></ul>
<p><b>The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors</b></p> <ul style="list-style-type: none"><li>• <i>MUST collaborate with key stakeholders (Aboriginal Nurses Association, CNA, VON); and also worked closely with Assemble of First Nations (AFN), Indian Northern Affairs Canada (INAC), as well as housing and education; Office of Nursing Policy, Health Canada; would be difficult to provide health care to the North if we did not collaborate with partners, collaborate with anyone who is involved with northern community health delivery. When you look at primary health care in the higher</i></li></ul>
<p><b>The importance of nursing leadership in supporting practice and providing a voice for the profession</b></p> <ul style="list-style-type: none"><li>• <i>Working with Office of Nursing Policy; Involved in delivering nurse leadership courses for some time now; in process of getting course validated through CNA as one of their specialties (not specific to just First Nation and Inuit health).</i></li></ul>
<p><b>The need for strong educational preparation of nurses</b></p> <ul style="list-style-type: none"><li>• <i>Ongoing professional development within the area you choose to work</i></li><li>• <i>Strong educational preparation at the foundational level is key; needs to keep future career paths in mind, and make evident during foundational training</i></li></ul>

FNIH cont'd

<b>GAPS IN COMMUNITY HEALTH NURSING</b>
<p><b>To better describe the community health nursing workforce and the complexity of care facing community health nurses</b></p> <ul style="list-style-type: none"> <li>• <i>Discussed</i></li> </ul>
<p><b>To foster leadership development and succession planning in community health nursing</b></p> <ul style="list-style-type: none"> <li>• <i>Discussed</i></li> </ul>
<p><b>To strengthen CHN research capacity and knowledge translation and exchange efforts</b></p> <ul style="list-style-type: none"> <li>• <i>Lack of Aboriginal research; as an organization, not approached much to support research; KT efforts focused on sharing information already available, or focused on urban First Nations</i></li> <li>• <i>Ongoing dialogues on how to identifying issues in northern health, incorporating into research agendas, and eventually into policy and practice</i></li> </ul>
<p><b>To advocate for long term stable funding for community health programs and infrastructure</b></p> <ul style="list-style-type: none"> <li>• <i>Early discharge, complexity of clients, etc, can all be considered as related to funding; increases demand on nurses in northern communities; impacts retention issues and recruitment challenges</i></li> </ul>
<p><b>Additional Comments:</b></p> <ul style="list-style-type: none"> <li>• <i>Home and Community Care Program; ten years old; an added program in addition to clinical nursing; nurses are hired directly from the Band.</i></li> <li>• <i>Patient safety: Nurse versus physician care; patient transport</i></li> <li>• <i>Nurse safety: violence is an issue; ensure there is a 24 security guard at clinics; ensuring there is a back-up nurse; demand there are two nurses minimum per nursing station; work quite closely with mental health workers</i></li> <li>• <i>Looking forward: changing skill-mix for delivery of care; use of technology; community collaboration to link more with community to identify and address health challenges.</i></li> </ul>

## CANADIAN PUBLIC HEALTH ASSOCIATION (CPHA)

<b>PRIORITY AREAS/ISSUES FOR INTERPROFESSIONAL &amp; INTERSECTORAL COLLABORATION</b>
<p><b>Strengthen the public health/community health system</b></p> <ul style="list-style-type: none"> <li>• <i>Presentation to Standing Committee on Health on public health human resources; recommendations to federal government for investments in expanding and improving public health workforce.</i></li> <li>• <i>Presentation to Standing Committee on Health on H1N1 preparedness and response; spoke to recommendations from their perspective, for local and public health to respond to pandemic; how to improve public health capacity, and especially surge capacity.</i></li> <li>• <i>Convened a meeting between schools and programs of public health across Canada to strengthen the system through education. This will likely lead to development of a new network.</i></li> <li>• <i>In process of developing public health Knowledge Centre, as a tool to help day to day practice for public health workers.</i></li> </ul>
<p><b>Address health promotion and illness and injury prevention</b></p> <ul style="list-style-type: none"> <li>• <i>Developed Resourceful Adolescent Program (mental health promotion)</i></li> <li>• <i>Continue to work on health literacy; part of a leadership group that addresses health literacy inside and outside of government</i></li> <li>• <i>Member of Chronic Disease Prevention Alliance of Canada; current focus is obesity, and marketing of beverages and foods to children</i></li> <li>• <i>Endorses PAHO policy statement to reduce dietary sodium intake</i></li> <li>• <i>Endorses National Alcohol Strategy Advisory Committee low risk drinking guidelines</i></li> <li>• <i>Advocating for renewal of Federal Tobacco Control Strategy</i></li> <li>• <i>Continue to work in a support role with Safe Kids and Bill C-36 (safety of consumer products)</i></li> <li>• <i>Worked with Canadian Commission on issues related to building codes; advocating for injury prevention approach to code development</i></li> </ul>
<p><b>Develop communities of practice</b></p> <ul style="list-style-type: none"> <li>• <i>Defines communities of practice, flexibly, as forming around a specific issue or topic, or around specific disciplines.</i></li> <li>• <i>Developed report for PHAC on this topic</i></li> <li>• <i>Part of the role of the Knowledge Centre is the development of communities of practice</i></li> <li>• <i>Developed Food Security Learning Exchange Network</i></li> </ul>
<p><b>Support knowledge exchange &amp; continuing education and professional development</b></p> <ul style="list-style-type: none"> <li>• <i>Knowledge Centre is also geared toward this</i></li> <li>• <i>Annual conference</i></li> <li>• <i>Immunization round table</i></li> <li>• <i>Ongoing initiatives with “training tools”; training and professional development for public health physicians;</i></li> <li>• <i>Continue to be involved in infectious disease outbreak course; accredited through Memorial University</i></li> </ul>



## CPHA cont'd

### **Strengthen interdisciplinary partnerships**

- *Convenor for Canadian Coalition for Public Health for the 21<sup>st</sup> Century*
- *Secretariat for National Specialty Society for Community Medicine (NSSCM)*
- *Collaboration in Advocacy: with CMA, NSSCM, and CFPC regarding interconnections between primary care and public health physicians*
- *Worked on health indicators for Canadian Obesity Network*
- *Health Literacy Council*
- *Partners Forum (formerly the Advisory Council); still developing mandate*
- *Work with expert committees*

### **Address the social determinants of health**

- *Worked with Dennis Raphael and student to analyse CPHA's advocacy efforts to address social determinants of health*
- *Call to action at conference around further work on social determinants of health is progressing but slowly due to funding*
- *Member of Canadian Reference Group; works to implement recommendations from the Commission on the Social Determinants of Health*
- *Numerous policy statements in response to the key reports in this area [http://www.cpha.ca/en/programs/policy/stepping\_up.aspx]*
- *Correspondence with Prime Minister, Minister of Health, and Premiers*
- *Presentation to Standing Committee on Health regarding the Inuit population and tuberculosis*
- *Updating 'Basic Shelf Cookbook'; tool for individuals of low income to buy and plan economic meals*
- *Released website on food safety and security for high risk populations, in conjunction with Maple Leaf foods [http://foodsafety.cpha.ca/]*

### **Additional Comments:**

- *Issue that continues to be raised is the intersection between primary/acute care and public health; became obvious during H1N1 and work with physician groups and PHAC.*

## CANADIAN INSTITUTE OF PUBLIC HEALTH INSPECTORS

<p><b>Strengthen the public health/community health system</b></p> <ul style="list-style-type: none"><li>• Varied environment between provinces; difficulties as organization, following national viewpoint to provincial jurisdictions</li><li>• Trying to move forward with a more cohesive public health field; haven't made as much progress as would have hoped over past 5 years</li><li>• In better position to understand what public health environmental officers do; differences in programs; lack of cohesiveness in system from province to province</li><li>• Range of disciplines; acknowledge pressure to move to lesser trained individuals (environmental health technicians); easier to recruit;</li><li>• Inspectors only need to get certified through CIPHI, no other ability to enforce continuing participation to maintain credential with CIPHI; working on with NCCEH; self-regulatory system, with employers as the main enforcement tool; have pushed in a number of provinces to become a regulated profession, but not considered a 'health' occupation by the strictest definition of the law;</li></ul>
<p><b>Address health promotion and illness and injury prevention</b></p> <ul style="list-style-type: none"><li>• Starting to build those bridges; variability in program delivery and function from province to province, some may have a lot of health promotion and prevention, other focused more on historic public health inspector role; recognized for ability to contribute to those discussions; in curriculum.</li></ul>
<p><b>Develop communities of practice</b></p> <ul style="list-style-type: none"><li>• Something adopted from community health nurses; interesting ideas to bring back to group; beneficial since most work is individual, ability to share and learn from other's experiences has benefit; currently all virtual; currently internal to each province, want to enhance at national level</li><li>• Prior to 2005, CIPHI was poor in communication; made it focus to keep members updated: national membership website; newsletters; national journal; engaging people</li></ul>
<p><b>Support knowledge exchange &amp; continuing education and professional development</b></p> <ul style="list-style-type: none"><li>• Competencies program; covers many of the areas discussed in interview; part of the reference guide available on website;</li><li>• Membership is approximately 70%; significant since not mandated</li><li>• CIPHI isn't just about certification, but also about continuing advocacy for environmental health, continuing education and professional development.</li><li>• Cannot do continuing education alone, have actively engaged the schools to provide support for academic structure (ex. Concordia has developed courses that are beneficial to public health in general, not just environmental public health); education shouldn't be restricted to people who can attend</li><li>• Support "Skills Online" program from PHAC</li><li>• Want to improve on the minimum educational requirement</li><li>• National Collaborating Centre for Environmental Health</li></ul>
<p><b>Strengthen interdisciplinary partnerships</b></p> <ul style="list-style-type: none"><li>• Need to bridge silos; moving that into employment environment is difficult and individuals practicing who want to bridge gaps, aren't often the decision makers</li><li>• Need to have a fundamental shift in management theory and execution in Canada, across disciplines</li></ul>

## CIPHI cont'd

### **Address the social determinants of health**

- Working with Carleton University: How do the social determinants of health inter-mesh with environmental health aspects?
- Becoming a bigger issue (e.g., In Edmonton, have a disadvantaged housing coordinator)
- In terms of day-to-day business, not as important within the current structure of CIPHI; would like to see them gain more awareness;

### **Any other issues/challenges facing community health?**

- Everyone, except for office staff, are volunteer; only so much energy to move forward with at a given time
- Safety: not sure what CIPHI can put forward in terms of that; can put out policy statement, but otherwise up to individual employers
- IT: have tried to embrace; incorporate the idea of social networking, blogging, discussion forums; emails (i.e., Facebook for health inspectors)

## DIETICIANS OF CANADA: DIETICIANS IN PUBLIC HEALTH

<p><b>Strengthen the public health/community health system</b></p> <ul style="list-style-type: none"><li>• Where most of their work has focused; not a formal group; funded through Public Health Agency of Canada.</li><li>• Focus on public health workforce development and strengthening public health nutrition practice across the country</li><li>• Moving forward with looking at leadership and structural support for public health nutrition practice at a national level<ul style="list-style-type: none"><li>○ Improving practical training</li><li>○ Differences between provinces; improving consistency between provinces</li><li>○ Looking at need for specific core competencies</li></ul></li></ul>
<p><b>Address health promotion and illness and injury prevention</b></p> <ul style="list-style-type: none"><li>• Not addressed directly; only addressed in terms of increased public health content in training for nutritionists, to enable them to be better prepared to address health promotion strategies as part of work</li></ul>
<p><b>Develop communities of practice</b></p> <ul style="list-style-type: none"><li>• Closely linked to leadership priority; not sure yet what this will look like (ie. New agency, or building on things in current system)</li><li>• Linked to CPHA</li></ul>
<p><b>Support knowledge exchange &amp; continuing education and professional development</b></p> <ul style="list-style-type: none"><li>• Conferences (Dieticians of Canada and CPHA)</li><li>• Work with educators</li><li>• Consulted across country with practitioners about practice</li></ul>
<p><b>Strengthen interdisciplinary partnerships</b></p> <ul style="list-style-type: none"><li>• Partner with CPHA, CIPHI, CHNC, Regulatory body for Dieticians across Canada, educators, Dieticians of Canada and provincial organizations, PHAC.</li><li>• In day-to-day practice, work with nurses, inspectors, health promoters, epidemiologists, community organization, community itself, academics, government agencies (more provincial than federal), non-profit organizations, a bit with medical officers.</li></ul>
<p><b>Address the social determinants of health</b></p> <ul style="list-style-type: none"><li>• Indirectly, by influencing curriculum for students and competencies for practitioners, continuing education opportunities; more focused on enhancing workforce to address social determinants</li></ul>
<p><b>Any other issues/challenges facing community health?</b></p> <ul style="list-style-type: none"><li>• IT: important</li><li>• Safety: an issue, but nothing that has been addressed to this point</li></ul>

## CANADIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

<p><b>Strengthen the public health/community health system</b></p> <ul style="list-style-type: none"><li>• Over past 10 years, previous strategic direction<ul style="list-style-type: none"><li>○ Advocating for the role of a Chief Dental Officer of Canada to have a presence in Health Canada, to apply population health principles from a dental lens; advocating for comprehensive national data</li><li>○ Group focused on health equity; policy alternatives for a national dental care program – portability, sustainability, health human resources</li></ul></li><li>• Dental public health core competencies</li></ul>
<p><b>Address health promotion and illness and injury prevention</b></p> <ul style="list-style-type: none"><li>• Work on inequalities and inequities</li><li>• More on an individual/institutional level (ex. In Manitoba, looking at integrating tobacco reduction strategies into oral health practice; Dalhousie focus on seniors oral health)</li></ul>
<p><b>Develop communities of practice</b></p> <ul style="list-style-type: none"><li>• “Communities of practice” does not fit within professional jargon</li><li>• Different groups within profession are skilled with different task sets; intraprofessional collaboration</li><li>• Geographical isolation; as organization, recognize need to link people together; yearly conference is focused on professional development on given topic, also give members opportunity to showcase work during scientific sessions; list serve;</li><li>• Facilitate the integration of students; link students to informal mentors based on interests</li></ul>
<p><b>Support knowledge exchange &amp; continuing education and professional development</b></p> <ul style="list-style-type: none"><li>• Research publications posted on website and list serve; conference structured similarly</li><li>• Traditional training paths for oral health professionals might not be best for public health content, but other training routes are; incorporated into thinking about programs</li></ul>
<p><b>Strengthen interdisciplinary partnerships</b></p> <ul style="list-style-type: none"><li>• Not something intentionally considered</li></ul>
<p><b>Address the social determinants of health</b></p> <ul style="list-style-type: none"><li>• Focusing intention here, particularly related to inequities facing seniors and aboriginals, as well as interprovincial inequities related to dental coverage</li><li>• In many cases, have had to start at the beginning and prove to decision makers that there is a link; placing ecological model within a biomedical model</li></ul>
<p><b>Any other issues/challenges facing community health?</b></p> <ul style="list-style-type: none"><li>• An association of approximately 100+ practitioners; Don’t have energy, man power, or depth of resources to focus on each item discussed here</li><li>• Completed strategic plan in June; moving toward operational phase</li><li>• Uncomfortable with IT</li></ul>

## NATIONAL COLLABORATING CENTRE ON HEALTHY PUBLIC POLICY (NCCHPP)

### Introduction and background:

As detailed on its website, the National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP provides public health actors and partners with relevant research-based information and tools about the potential health impact of policies and about public policy processes. <http://www.nccph.ca/en/index.aspx?sortcode=2.0.1.5.7>

#### **Strengthen the public health/community health system**

*One specific example available on the NCCHPP website is the **Structural Profile of Public Health in Canada report**. This publication and online resource, currently in the process of being updated to include federal responsibilities, details how Public Health functions are organized by each of the provinces and territories, including those related to Aboriginal peoples (First Nations/Métis/Inuit). Other popular website resources include those relating to combating poverty; inequity, deliberative processes, health impact assessment and public policy methodology.*

*Important to their work, the NCCHPP seeks to elicit the real world public health policy context; to find the elements that may not be available in the published literature. The goal is to identify the mechanism of policy in real world contexts to better understand effectiveness and feasibility. For example, municipal policy that works in Gander may or may not be transferable elsewhere.*

#### **Address health promotion and illness and injury prevention**

*Healthy Public Policy is seen as a foundational concept that supports health promotion, illness prevention and injury prevention. The NCCHPP is active in this domain. Specific examples include an injury prevention synthesis paper that addresses use of cell phones while driving, road safety and traffic calming.*

#### **Develop communities of practice**

*The major activities of the NCCHPP focus on developing communities of practice. Additional to described efforts, the NCCHPP supports collective sharing of knowledge, experiences, challenges, and impact of policy. Emerging activities include exploring deliberative dialogue and 'wicked problems' to improve policy to address complex health issues, including inequality and impact of policy about the built environment.*

#### **Support knowledge exchange & continuing education and professional development**

*Their multiple knowledge translation strategies include, but are not limited to, synthesis of existing studies, development of resources and tools in Health Impact Assessment; development and delivery of policy and continuing education workshops with diverse public health professionals; website-based information and resource dissemination and collaboration with other NCCs. They recently acquired the Elluminate webinar platform to expand knowledge dissemination strategies.*

*NCCHPP works with diverse partners who are connected to the work milieu such as provincial and Canadian professional associations. Examples include a public health ethics workshop presented at the 2010 CHNC conference; and will be soon presented to Alberta Public Health nurses. There is high interest in resources to address bioethics, accountability and related practice guidelines. As an example, reflection about the H1N1 vaccination campaign exposed the reality that public health nurses experienced ethical dilemma when confronted with request for vaccination by persons not yet on the priority list. Nurses want and need support in these types of*

situations. NCCHPP can support development at the front line of service by identifying the needs and finding solutions and strategies. Additionally, schools of Public Health can incorporate NCCPHP resources into curriculum.

#### **Strengthen interdisciplinary partnerships**

*In acknowledgement that there is no unique corridor to healthy public policy, the NCCHPP works with diverse groups including social workers, community organizers, physicians, nurses and more. NCCHPP curriculum is not developed to be discipline specific, the approach is broader to support public health organizations; which permits the organization to adapt content and approach to their context. This is important as the organization is closer to the direct practice context.*

#### **Address the social determinants of health**

*The major focus of NCCHPP is impact of policy on social, economic and **environmental** determinants of health. The concept of Health Public Policy necessarily addresses multiple determinants. The NCCHPP works to organize information about determinants thematically to render them pertinent.*

*An example is the approach to HIA which extends well beyond impact of biological factors to include impact of determinants such as education and housing. A specific example was the HIA study about the impact of waste disposal site in the Monterege which predicted issues with air pollution, odours, noise from trucking etc... as outcomes. However a major, unanticipated discovery was the negative impact of the increased cost of housing due to gentrification. This was revealed because the NCCHPP approach has Healthy Public Policy as its base and social and environmental determinants of health as a lens. This example illustrates how we can work with health and other sectors.*

#### **Are there other issues or challenges facing community health that you would like to raise?**

An important and enduring challenge to is identifying the clientele. Specifically, it is difficult to locate and identify the home health nurses versus the public health nurses in the different provinces and territories.

1. Identifying who is working on healthy public policy in each province and territory.
2. Accessing and reaching the community health nurses in Canada. Few public health associations or health care organizations distinguish the nurses within membership. Organizations such as CHNC can be a major corridor/actor to help NCCHPP access the community health nursing workforce across Canada.
3. How to focus efforts (*narrow cast*) for specific issues and audiences versus taking a more general (*broadcast*) approach that may or may not be perceived as relevant. Examples include audiences with focus on services for the elderly; delivering an ethics workshop at the CHNC conference with uncertainty as to whether the audience is primarily home health nurses who may not find the material relevant to front line issues versus public health nurses.
4. Identifying the immediate interests and priorities for the different clientele is a challenge, as is determining how many studies have already been made on the subjects.

#### **Suggestions**

1. Work together to identify and access membership in the interest of knowledge translation and workforce development.
2. Create or advocate for common job descriptions and common definitions to support identification of the community/public health nurse workforce audience across Canada.

## COMMUNITY MEDICINE SPECIALISTS

<b>Strengthen the public health/community health system</b> <ul style="list-style-type: none"><li>Professional society that focused primarily on the professional development of our members (specialist physicians in community medicine, recently renamed public health &amp; preventive medicine)</li></ul>
<b>Address health promotion and illness and injury prevention</b> <ul style="list-style-type: none"><li>Communicable disease vs. everything else: the public is most concerned that communicable disease be managed effectively, before the space is being made for health promotion and illness and injury prevention.</li><li>Lack of consensus around relevant interventions for health promotion; not well-articulated, poor evaluation</li><li>Participate in health public policy discourse</li></ul>
<b>Develop communities of practice</b> <ul style="list-style-type: none"><li>Do not actively support communities of practice; no resources to do so; limited by the primarily provincial focus of public health service delivery</li></ul>
<b>Support knowledge exchange &amp; continuing education and professional development</b> <ul style="list-style-type: none"><li>Primary role is in continuing professional development for members; seek out proposals for events, then seek accreditation; 80-90% have addressed social determinants of health</li><li>Re-doing website</li><li>Sources of knowledge that members seek out are fairly well-defined</li><li>Total budget of approximately \$15,000.</li><li>No role in residency education</li></ul>
<b>Strengthen interdisciplinary partnerships</b> <ul style="list-style-type: none"><li>Not addressed</li></ul>
<b>Address the social determinants of health</b> <ul style="list-style-type: none"><li>Addressed within professional development</li></ul>
<b>Any other issues/challenges facing community health?</b> <ul style="list-style-type: none"><li>Need to move beyond professional competence and look at organizational competence; what are the instruments to assess it, and the steps to address it.</li><li>Need a coherent workforce management approach for physicians; the opportunity for community medicine physicians to move between disciplines is regulated.</li><li>Safety issues come up locally, but not addressed at federal level; Bill 168 addressed workplace issues provincially.</li><li>Not the same transparency for physician leaders in public health as appears to be emerging for hospital leaders, whether MDs or not.</li></ul>