



# COMMUNITY HEALTH NURSES' Initiatives Group Newsletter

• Volume 17 • Number 3

Winter 2008



RUTH SCHOFIELD, PRESIDENT

*CHNIG- taking action on issues affecting community health nursing*

CHNIG IS A GROUP OF ONTARIO REGISTERED NURSES THAT OFFER PROVINCIAL AND NATIONAL PERSPECTIVES TO NURSES PRACTICING IN THE COMMUNITY.

[www.chnig.org](http://www.chnig.org)

## President's Message

BY RUTH SCHOFIELD

### *Reflecting on the Past and Moving Forward.....*

The vision of CHNIG is to act as the voice of community health nurses influencing the health care system, and health and social policy in areas that affect the work of community health nurses and the public we serve. Our voice continues to be strong and recognized by many.

### *Reflecting on the past few months ....*

CHNIG contributed to the future health and care of senior citizens in Ontario through our participation on the Elder Health Think Tank as a member of the Elder Health Coalition.

CHNIG attended by invitation the launch of the Pan-Canadian Public Health Core Competencies at the 2007 annual Canadian Public Health Association Conference in Ottawa.

CHNIG as a constituent society on the OPHA Board, contributed to the OPHA position paper on Public Health and Local Health Integration Network.

CHNIG participated in a forum on the Aging in the Home Strategy upon request by the Ministry of Health and Long Term Care.

CHNIG supported a proposal to the Nursing Secretariat, Ministry of Health and Long Term Care for funding for ANDSOOHA and Algoma Health Unit to become a Demonstration Site Project for the Provincial Orientation for Public Health Nurses.

CHNIG lobbied the Federal Minister of Health Tony Clement to save the Canadian Health Network.

CHNIG advocated for the integration of the Canadian Community Health Nursing Standards of Practice into the Ontario Council on Community Health Accreditation (OCCHA) accreditation guidelines for public health units in Ontario.

CHNIG represented RNAO at the successful Hamilton Coalition for Quality Home Care Rally against the Hamilton Niagara Haldimand Brant CCAC's decision to eliminate VON and St. Joseph's Home Care.

### *Moving forward....*

CHNIG, as co-lead with Community Health Nursing Association of Canada (CHNAC), will host our second annual National Community Health Nursing Conference on May 29, 30 & 31, 2008 in Toronto. A new program design with concurrent sessions, posters, network cafes and roundtables, and expanded opportunities to

over >

President's Message Continued.....	2
Committee Reports.....	2-5
CHNIG Breakfast Agenda .....	6
Call for Nominations .....	7
Nomination Form .....	8
Home Health Nursing....	8-9
Transition Program for Nurses .....	10
In the News .....	11-12
First Canadian Roundtable on Research Ethics in Public Health .....	13
Of Interest.....	14
Upcoming Events .....	14



ISSN 1481-1618



## President's Message (cont'd)

BY RUTH SCHOFIELD

share innovations and best practices to advance the unified voice of community health nursing across Canada has been added to the conference plan as promised.

☞ CHNIG, as an external stakeholder and in collaboration with other RAO members, will inform the Ontario Public Health draft protocols for the proposed Ontario Public Health Standards through a collaborative response.

☞ CHNIG, as a member on the Advisory Committee, will inform the development of an orientation package for public health nurses and the integration of the National Community Health Nursing Standards of Practice.

☞ CHNIG, as a co-partner with CHNAC, McMaster University and the Canadian Nurse Association, are preparing a national position paper on the vision of community health nursing for 2020. Join us for the release of our national position paper at the Canadian CHN conference.

In summary, CHNIG continues to be a voice for community health nursing in Ontario. Together we will shape the lives of community health nurses and the health of the public.

As I end my term as CHNIG president, I am deeply indebted and thankful for the expertise and dedication of the group of community health nursing leaders on the executive who have enabled me in my capacity as president. My passion for community health nursing has indeed being broadened and strengthened. ♦



## Committee Reports

PROFESSIONAL PRACTICE - BY KATIE DILWORTH

*It's a new and exciting year for the Professional Practice Team.*

Throughout the fall we had many opportunities to continue to support Community Health Nurses through various activities. Some of our activities included participating in Resolution #2 to support a provincially focused social marketing strategy targeted at all caregivers of infants less than one year of age. This will include education and intervention, given expanding evidence based guidelines for best sleeping practices for infants that are known to modify the risk of SIDS. The committee has recommended the development of a Best Practice Guideline and further initiatives will be guided by this recommendation. We also supported work on the Vision 2020 Community Health Nursing position paper and responded to the revised position statement, Providing Nursing Care at the End of Life. In addition, we were able to contribute to the Canadian Patient Safety Institute in relation to the Safety Competency Framework and guidelines. Thank you to each of you who participated in these responses, your feedback is important in shaping the future of community nursing.

We also sent a letter to the Ontario Council on Community Health Accreditation requesting participation in the inclusion of our Community Health Nursing Standards into the accreditation process for public health. As well, we posted information on the CHNIG website for members that are interested in forming study groups to prepare for the CNA Community Health Nursing exam. The posting contains study references to aid in preparation for the exam.

Our team held our fall meeting in November and were happy to have some of our newest members join us. Since many of our members are new, we continued refining our Terms of Reference. It was noted that we are lacking in home health representation, so we invite any community health nurses who are

# Committee Reports (Cont'd)

currently working in the home health nursing environment to contact Katie or Cori if you are interested in being a part of our dynamic professional practice team! We also took the opportunity to review the roles within our team as well as our responsibilities to the Executive and the membership.

We continue to work on the revision of the Public Health and Home Health Practice Pages and address new requests for feedback and participation. We look forward to consulting on the draft protocols for the proposed Public Health Standards this winter.

We wish you all the best in 2008 and look forward to an exhilarating year of continued contribution towards professional practice issues in community health nursing. ♦

## STUDENT REPORT - BY ANDREA COTE

### *CHNIG Supports Model World Health Organization Conference*

As student executive member of CHNIG, I am pleased to have CHNIG's support in attending the 2008 Model World Health Organization Conference on January 24-26th. This 3 day conference is for students from various health disciplines interested in tackling global health issues. The conference takes the form of a real World Health Organization meeting, with participants taking on the role of different countries that are currently members of the World Health Organization.

Each country will come prepared with a statement on two issues currently being tackled by the WHO; the use of child soldiers, and bioterrorism. After presenting each country's position on the issues a formal debate will take place. Following the debate sessions countries will brainstorm resolutions to help tackle these major global issues.

Besides opening up the table for discussions and learning from the perspective of various countries around the world, this conference will also provide opportunity for learning about international health initiatives. A representative from doctors without borders will be presenting a seminar on international health opportunities. I am thrilled to have CHNIG's sponsorship in attending this conference, and look forward to sharing my experiences.

## POLICY AND POLITICAL ACTION REPORT BY DEBBIE KANE

### *CHNIG Supports Model World Health Organization Conference*

As I had the great privilege of attending RNAO's 9th Annual Day at Queen's Park on Jan 24, 2008. Approximately 150 Registered Nurses from across Ontario gathered to meet with different political representatives. The morning started with a presentation and Question & Answer period with the Minister of Health and Long-Term Care, Hon. George Smitherman. In light of the announcement made the evening before (see RNAO web page for press release), it is no surprise Mr. Smitherman spoke of the moratorium on competitive bidding for Home Care contracts in Hamilton. He was urged to consider an indefinite moratorium on competitive bidding across Ontario. A request was also made of Mr. Smitherman to commit to the opening of 12 of the 25 nurse-led clinics that the government pledged in its' election campaign. In response to concerns raised about the nursing shortage, and the governments promise to increase the nursing workforce by 9000, Mr. Smitherman acknowledged the shortage but pointed out that there aren't 9000 nurses available to fill such positions. Thus, the need to continue with strategies to provide new graduates with full-time positions, while supporting and retaining mid-career and late-career nurses in the workforce. In discussing

Committee Reports  
Continued on page 4



## Committee Reports (Cont'd)

workforce issues Mr. Smitherman also recognized that violence in the workplace has become a concern of top priority

The morning also included sessions with Mr. John Tory, Leader of the Progressive Conservative Party, Ms. Elizabeth Witmer, PC Health Critic, and Ms. France Gelin, NDP Health Critic. While health care issues were couched within party lines, the issues were resoundingly similar.

In the afternoon we broke into smaller groups and met with a variety of political representatives and MPPs. Once again, I felt extremely privileged to join three nursing colleagues for a meeting with Hon. Margaret Best, Minister of Health Promotion, and Helena Jazcek, Parliamentary Assistant to the Minister of Health Promotion. The focus of our discussion was the government's poverty reduction strategy and the impact of the social determinants of health. The discussion was thoughtful and informative. Time will tell if it was productive.

In summary, I encourage my nursing colleagues to seek out the opportunity to attend the Queen's Park Day! ♦

### RESEARCH AND EDUCATION REPORT BY BARBARA KENNEDY

The Research and Education team would like to congratulate the 2007 Education Bursary Award winners. This year the award was shared between Donna Clarke – McMullen, a public health nurse and Michelle Pothier, a community health nurse. We would like to wish both of them every success in their continued studies. As in the past, a research bursary award is available to our members who are seeking funds for research. Details and application forms can be found on the web site. The application deadline for this is March 31, 2008. Presently, hard copies of the applications are still required, but we are hoping to soon have electronic submissions. Mark your calendars for May 29- 31st for the 2nd National Conference for Community Health Nurses. The program is developing, including exciting speakers such as Cathy Crowe, panel discussions, and a number of pre conferences. The team continues to be a wonderful mix of educators and researchers which has added a richness and liveliness to our teleconferences. In mid January, the team held its first teleconference of the New Year. Discussion focused on the use of simulation in the classroom, its successes and challenges, recent public health competencies, how they fit into Community Health Nursing curricula, the recent Home Care Crisis concerning VON in the Hamilton area and the its impact on nurses, nursing education. I would like to thank the team for their continued support and contribution. ♦



## Committee Reports (Cont'd)

### COMMUNICATION REPORT BY BEA MCDONOUGH

The communication committee has been busy over the past few months.

You may recall that last fall we encouraged you all as members to participate in our online survey monkey to elicit member input re direction of CHNIG.

The response was not terrific and we will be redoing the survey in March. Look for it on our website! The results of the past survey have been summarized for your information.

We have also been working with the webmaster to enhance the website for you. In the near future you will be able to apply

online for two of the awards/bursaries. Also the events button at the top of the website will list all events on the calendar with click on access to description of the event and even capability to register on the site for CHNIG events. More information to come!!!

Don't forget the second national Community Health Nursing Conference to be held this May. More detailed information about the program will be highlighted on the website as soon as it is available.

Also don't forget to sign up for the CHNIG annual breakfast at the RNAO general meeting. Consider applying for the open positions on the CHNIG Executive – a great learning opportunity!

Please visit the members only section of [www.chnig.org](http://www.chnig.org) to view the recently revised bylaws which **will be discussed** at the free Annual CHNIG breakfast meeting on Saturday April 12th. We need your voice so please come and participate and be involved!

Visit [www.chnig.org](http://www.chnig.org) for ongoing updates, resources and breaking news...  
The members only section, bulletin boards are now available and the events calendar will soon be available.



[www.chnig.org](http://www.chnig.org)

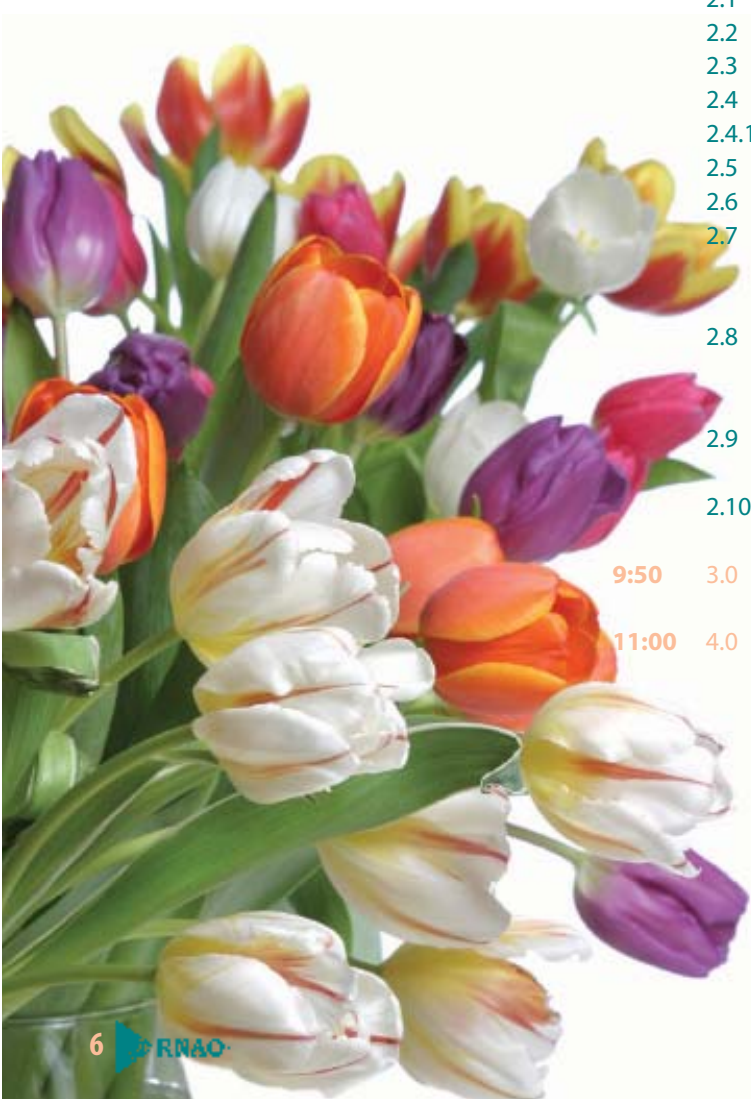


**Please sign up for the CHNIG Breakfast.  
See below for the agenda for the morning.**

**April 12, 2008 - 8:30 - 11:00 a.m.  
Hilton Suites, Markham, Ontario**

## AGENDA

<b>8:00</b>	<b>1.0</b>	<b>Breakfast</b>
<b>8:30</b>	<b>2.0</b>	<b>AGM Business</b>
	2.1	Welcome/Recognition of Honoured Guests
	2.2	Approval of Agenda
	2.3	Approval of Minutes of 2007 AGM
	2.4	Business Arising:
	2.4.1	National Conference
	2.5	President's Report and Member Questions
	2.6	Treasurer's Financial Report
	2.7	By-Law Changes (To be posted by March 1, 2008 on the CHNIG website in members section only)
	2.8	Presentation of Educational Bursary and Research Awards - Presentation of Clinical Excellence in Community Health Nursing Award
	2.9	Nominations for Treasurer, Communications, OPHA Liaison, Professional Practice, Secretary
	2.10	Introduction of President and 2008-2009 Executive
<b>9:50</b>	<b>3.0</b>	<b>Panel: Community Health Nursing Research</b>
<b>11:00</b>	<b>4.0</b>	<b>Adjournment- RNAO Plenary to follow</b>



# Call for Nominations for CHNIG Executive 2007 - 2008

## D. NOMINATIONS

- 1.) Notice of election and call for nominations will appear in the Newsletter prior to the Annual General Meeting.
- 2.) Candidates for office shall be nominated in writing, and no nominations shall be delivered to the President or Past President up until one week prior to the CHNIG Annual General Meeting.
- 3.) Candidates for office may be nominated from the floor provided they are present or have submitted a candidate's statement in writing.
- 4.) Nominations must be accompanied by the signatures of at least two CHNIG members who support the nomination.

5.) Nominees will submit a letter outlining their interest in the position. Candidates nominated from the floor may present their statements verbally.

## E. ELECTIONS

- 1.) Elections shall be held each year at the Annual General Meeting as necessary. Elections for President-Elect will be held in odd years.
- 2.) The CHNIG membership shall elect at the Annual General Meeting the number of persons necessary to render an Executive Committee as specified in bylaw IV.A.

## CHNIG Nomination Form:

Position \_\_\_\_\_

Nominee's Name \_\_\_\_\_

Nominee's address \_\_\_\_\_

Nominee's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Nominee's Professional Position \_\_\_\_\_

Nominee's RNAO Membership Number \_\_\_\_\_

Endorsements:

1. CHNIG Member Name \_\_\_\_\_ RNAO # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

2. CHNIG Member Name \_\_\_\_\_ RNAO # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Nominee's letter outlining interest in position submitted  YES  NO



# Home Health Nursing.... A Profile

## Introduction:

As part of CHNIG's goal to raise awareness of community health nursing practice, a strategy to produce articles highlighting both home health care and public health nursing practice will be included in each newsletter. Within each article the perspective of front line nurses will be articulated. Using the CCHNSoFP as a framework the story of the nurse will be told. The first in a series of profiles highlights home health nursing. Together with the work on the RAO in the RN journal a picture of the environment and work can be better understood

*Profile: Anne Connolly  
VON visiting RN since 1986  
Also ONA union rep  
for the local representing VON RNs*

## Choosing Home Health Nursing

I left the hospital practice setting twenty two years ago. At that time, I knew nothing about Home Care Nursing, but I was tired of shifts, weekends and hospital politics.

Immediately upon starting my home health nursing career, I loved the autonomy in the home health environment. Home Health Nursing has been a great learning experience for me. In the hospital a nurse becomes an "expert" on the floor where they work, but in community you see all ages, stages and diagnoses. As a home health nurse, one becomes an expert "generalist" always learning new skills and using skills in different ways.

## Practice (Application)

*Within your practice, how do you...  
Facilitate access and equity?*

Although most advocacy happens through the Community Care Access Centre, (CCAC) case managers, as a home health nurse, I need to know what resources are available in the communities where my clients live. For

example, it is important for me to know what agencies have sliding scale fees. When needs are identified through home health assessments, requests for social services or social workers go through the CCAC. In addition, sometimes we need to contact other agencies on the client's behalf, such as the DVA (Department of Veterans Affairs), Ontario Works or Ontario Disability Benefits. As well, at times we assist clients with completing forms.

## Build Relationships?

I find that the best way to build relationships is through professionalism. In my opinion, the way that you treat people (team colleagues, clients, CCAC case managers) is what helps to build healthy therapeutic relationships. In addition, it is very important that every client needs to be seen as a person, not as a job. When you are visiting a client as a home health nurse, you are 100% focused on that client. This allows the client to feel important and they respond in that way. In hospital, you don't get the opportunity to provide that focused care, as there are too many competing priorities. For example, in the hospital setting, there can be urgent situations on the floor or in the hospital at large that require your attention. As well, the clients are often not in the hospital long enough for a nurse to really get to know them. In Home Care however, you really feel you are making a difference in the lives of individuals and families

## Promote health?

Health promotion is very individual. The first thing a home health nurse needs to do is get the feel of where the client is. In the community setting, we need to assess what the client's knowledge, aptitude, and social-economic status is, as this will impact our ability to teach and empower the client and family. We also assess the following: What are their resources? Is the client's family involved? Any health teaching we provide needs to answer "why", or the client

Home Health Nursing  
Continued on page 9

## Home Health Nursing.... A Profile (Cont'd)

will not want to change their health habits. The Home Health Nurse needs to talk about and show the implications of non-compliance, including the Result and what can happen. Some clients in the community are fed up with multiple chronic illnesses and that does make it difficult at times to provide health teaching.

### ***Build individual and community capacity?***

Some clients receiving home health care feel, or are actually very isolated and often they have a strong need to remain independent. Individual capacity is the teaching as described before in relation to health promotion. Taking it a step farther, Community Capacity is about seeing trends in a particular neighbourhood, keeping in mind that we always need to work in partnership with CCAC.

### ***Demonstrate Professional Responsibility and Accountability?***

For me, Professionalism is about respect and accountability. Each of us needs to follow the Policies and Procedures of our Employer, as well as adhering to CNO standards. As much as possible, we use Evidence Based practice. While home health nursing practice is quite independent, the community nurse still needs to use a group approach. The home health team includes the client, family, team-mates, and CCAC.

### ***The Evolution of Home Health Care over the last five to ten years.***

I would like to go back even further. 20 years ago most of our clients were elderly, had cardiac conditions and required help with bathing. Now however, clients are much more acute. Also, evening and weekend work is required in addition to on call, as home health nursing is a 24/7 operation. As acuity has changed in the community environment, no one is really an expert but we learn from each other. Definitely,

the skill level is higher than when I first started, and that has been good for both individual practice as well as the perception of home care and Home Health Nursing. In the last 10 years or so, there has been an increased emphasis on the relationship between the home health nurse and the CCAC Case Manager. I find that it is hard to meet all of the expectations of my employer, clients and CCAC, which can cause a lot of stress. In my experience, some CCAC's are harder to work with, limit the number of visits, and insist on health teaching being provided even when interest or aptitude is not there. However, other CCAC's willingly take the home health nurse's word regarding issues with shared clients.

In addition, I have found that as pricing structure and fees paid to agencies has changed, there seems to be less meeting time and training time and everything seems busier. In home health nursing, team meetings etc. are very important for learning, talking through client issues and sharing the ups and downs. Also, the agency I work for has adopted a model which uses clerical staff and planning soft ware to plan each community nurse's client list for the day. In my opinion this has resulted in a feeling of loss of control over our own work load. I do not feel this is the best way to serve our clients, but rather nurses need that planning control. ♦





# Transition Program for Nurses New to Public Health Nursing

Algoma Public Health and ANDSOOHA: Public Health Nursing Management have received funding from HealthForceOntario to conduct a joint project to design, develop, implement and evaluate an orientation program for public health nurses in Ontario. The shortage of nurses continues to impact all sectors of health care including public health. To continue to attract the "brightest and best", public health nurse leaders are implementing evidence-informed strategies to retain and recruit nurses new to public health practice.

Orientation is the most common organizational training program, however, there is much diversity in how it is delivered. An effective orientation promotes staff retention and is a shared responsibility of educators, managers, preceptors and newly hired nurses.

## Objectives of this Project are to:

- Design an orientation that promotes transition to practice and is reflective of current public health nursing practice.
- Pilot the orientation package in five health units in Ontario
- Evaluate the effectiveness of the orientation package to assist educators to prepare newly hired nurses for transition to public health nursing practice.

The project team has circulated a Call for Applications to solicit pilot site participation and is beginning to collect orientation examples. Pilot sites will be funded up to \$10,000.00. The project is expected to be completed by December, 2008.

Algoma Public Health is the lead organization in this endeavour and ANDSOOHA is its primary partner. The

Community Health Nursing Initiatives Group (CHNIG) and Ottawa Public Health are secondary partners in this initiative. Algoma Public Health and ANDSOOHA are looking for a broad representation of health units to respond to its Call for Applications, e.g. types of units – rural, urban, mixed and geographical areas – northern, central, eastern, western areas of the Province.

## Contacts for this Orientation Project are:

Jane Simpson, Project Lead  
E-mail [jane.simpson@sympatico.ca](mailto:jane.simpson@sympatico.ca)

Susan Kniahnicki  
Program Director, Algoma Public Health  
Co-Lead,  
[SKniahnicki@algomapublichealth.com](mailto:SKniahnicki@algomapublichealth.com)

Karen Quigley-Hobbs  
ANDSOOHA, Co-Lead,  
[qkaren@region.waterloo.on.ca](mailto:qkaren@region.waterloo.on.ca) ♦



## In the News...

### *Dear Colleagues,*

We are writing to make you aware that Minister George Smitherman decided today to stop the competitive bidding process in Hamilton. While RNAO is very pleased with this decision, we are asking government to place an immediate and indefinite moratorium on competitive bidding for home care services across the province.

For further information, read RNAO's press release at <http://www.rnao.org/Page.asp?PageID=924&ContentID=2291> as well an article from the Hamilton Spectator on the Minister's decision <http://www.thespec.com/News/Local/article/313640>

We ask you to write to the Premier and to Minister Smitherman expressing your support for

the Hamilton decision, and urging them to place an indefinite moratorium on competitive bidding for home care services across the province.

### **Action Requested**

Write a letter to Premier McGuinty and Minister Smitherman directly using the form at <http://www.rnao.org/Page.asp?PageID=924&ContentID=2292>. You can send our sample letter as is, or modify it as you wish. Please make sure to sign your name and RN title at the bottom of the letter.

**What do you think? Place your comments on the Bulletin Board at [www.chnig.org](http://www.chnig.org)**

**2ND NATIONAL  
COMMUNITY HEALTH NURSES  
CONFERENCE:**

**SHAPING THE FUTURE**

**PRACTICE • POWER • POLITICS**

May 29 - 31, 2008  
Westin Prince Hotel  
Toronto, Ontario

Call our national office,  
First Stage Enterprises  
416.426.7029

Community Health Nurses Initiative Group  
Community Health Nurses Association of Canada

Details will be posted shortly on our websites [www.chnac.ca](http://www.chnac.ca) and [www.chnig.org](http://www.chnig.org)

In the News..  
Continued on page 12



## In the News...(Cont'd)

Get the up to date Flu Facts! at [www.ricn.org/influenza](http://www.ricn.org/influenza)

**About influenza**  
Why get vaccinated? How effective is the vaccine?  
Are there side effects?

**Influenza or a common cold?**  
Compared to the common cold, the symptoms of influenza are far more severe

**Influenza by the numbers**  
...rates of infection...number of children hospitalized...economic costs...workdays lost...

**Test your flu IQ**  
How well do you know the facts about influenza?

**What the medical experts say**  
An audio-visual presentation on influenza by a neurologist and an infectious disease specialist

A smart choice. ✓  
The right choice.

The 2008 Registered Nurses' Foundation of Ontario Awards and Scholarship Brochure is available!

Please feel free to forward to anyone who might be interested in applying. The brochure, as well as additional information about the online application process, can be downloaded from our website [www.rnfoo.org](http://www.rnfoo.org).

# First Canadian Roundtable on Research Ethics in Public Health

## First Canadian Roundtable on Research Ethics in Public Health

The First Canadian Roundtable on Research Ethics in Public Health took place in Montreal November 8th and 9th, 2007. The roundtable brought together those involved in public health ethics to improve the understanding of the ethical dimensions of public health research and practice.

One objective of the conference was to promote discussion and understanding of the values and principles of public health ethics across disciplines.

The SARs outbreak in 2003 was an impetus for a surge of interest in public health ethics. Issues such as: ethics and immunizations and pandemic influenza planning raise ethical questions for public health. At present there is no national framework for ethics to guide public health

authorities and organizations. The Canadian Institutes of Health Research (CIHR) is currently developing an instrument to determine when ethics review of research proposals is needed. Across Ontario public health units there are no consistent research ethics guidelines or policy for review of research proposals at present. In a 2006 survey, 77% of Ontario health units agree that a centrally developed research ethics resource would be useful. ♦

Bev Wilcox R.N., B.N., M.Ed.  
 Secretariat Research Ethics Board  
 Education and Research Unit  
 Ottawa Public Health  
 100 Constellation Cr., Ottawa, ON K2G 6J8  
 Tel.: 613-580-6744, ext. 23424  
 Fax: 613-580-9601  
 e-mail: [Bev.Wilcox@ottawa.ca](mailto:Bev.Wilcox@ottawa.ca)



# Of Interest

## Health Canada Risk Communication Products

[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Source: *The Focus on Infection Prevention and Control newsletter (CSICN Network News Nov/Dec 2007)*

Since May 2006, Health Canada has been using four communication products to keep Canadians apprised of potential risks to their health. Each of the four products has a specific use and a unique method of dissemination.

### Public Warning

Issued in the most urgent situations, public warnings inform Canadians when there is a high probability that a product will cause death or other serious adverse health effects, such as the public should stop using the product immediately. Warnings are sent to the media and posted on the Health Canada website and distributed through the MedEffect electronic bulletin and the Health Canada media e-mail list.

### Public Advisory

Issued through the same channels as warnings, Health Canada empowers Canadians through public advisories to make informed decisions concerning the continued use of consumer and marketed health products that may cause possible serious health hazards.

### Information Update

Information to be conveyed about a product that carries a lower level of risk or that affects a very small group of people is contained in information updates. This risk communication product is also used to indicate the progress of Health Canada's review of a risk situation or to reinforce previously issued safety recommendations. Information updates are posted on the Health Canada website and distributed using the Health Canada media e-mail list and through MedEffect when marketed health products are involved.

### Foreign Product Alert

Foreign Product Alert advise consumers of health risks related to foreign products not authorized for sale in Canada and not found on the Canadian marketplace, but which may have entered the country through personal importation or by purchase over the internet. E-mail notice is sent to the Health Canada media list when a foreign product alert is issued.

To subscribe to MedEffect, visit:

[http://hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index\\_e.html](http://hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index_e.html).

### CHNET-WORKS

Fireside Chats are FREE pan-Canadian discussions on pressing community health issues, for community health professionals. Participants join in via a toll free telephone call (to hear the presentation and participate in the discussions) and the internet (to see the visual Presentations). For more information and to register go to: [www.chnet-works.ca](http://www.chnet-works.ca).

## Two interesting reports for your consideration are listed below.

· the recent paper from *CPRN Front Line Health Care in Canada, Innovations in Delivering Services to Vulnerable Populations* - <http://www.cprn.org/>

· the following paper *Public Health Nursing Education at the Baccalaureate Level in Canada Today* - <http://www.casn.ca/media.php?mid=650k>

Please send us any links to papers you feel are great to share with colleagues in community health nursing or react to the content on the CHNIG Bulletin Board – we would love to hear from you!

## The Health Communication Unit(THCU) Workshops Skills for Health Promotion -

New Introductory-Level Workshops - March 5-6, 2008 (four sessions) -

Kingston Banquet and Conference Centre, Kingston. Registration is now available. To register please visit <http://www.thcu.ca/workshops/registration.htm>. Don't wait! Limited spaces are available.

### FYI...

Please go to the Members Only section [www.chnig.org](http://www.chnig.org) and look at the list of links, reference materials and information compiled by CHNIG members who have written the CNA Community Health Nursing certification exam.

# Upcoming Events

## 2nd National Community Health

**Nursing Conference May 29 - 31, 2008** - Please visit <http://www.chnig.org/> for more information.

**CPHA 2008 Annual Conference** Halifax, Nova Scotia  
Public Health in Canada: Reducing Health Inequalities through Evidence & Action, June 1-4, 2008  
For more information, contact: [conference@cpha.ca](mailto:conference@cpha.ca)

## Positive Aging Conference

An Interdisciplinary Team Approach for Health Professionals  
Saturday May 24 & Sunday May 25, 2008  
Vancouver Marriott Pinnacle Downtown Hotel

# Communication Corner

Contact us if you have any concerns or questions or wish to join our committee.

Bea McDonough (co-chair) [bmcdonou@hamilton.ca](mailto:bmcdonou@hamilton.ca)

Cyndy Johnston (co-chair) [cjohnston@hamilton.ca](mailto:cjohnston@hamilton.ca)

Faye Parascandelo (committee member)

[fparasca@hamilton.ca](mailto:fparasca@hamilton.ca)