



# COMMUNITY HEALTH NURSES' Initiatives Group Newsletter

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RUTH SCHOFIELD, PRESIDENT

## President's Message

BY RUTH SCHOFIELD

### **Celebrating our first national community health nurses conference!**

#### **Greeting Colleagues**

As we enjoy the warm breezes of the summer heat and look forward to beautiful fall colours, we reflect on the memorable spring as we celebrate - our inaugural National conference. We anticipated 275 and hosted over 320 community health nurses from across Canada. The enthusiasm and collegial synergy were tremendous. Our conference planning committee was thrilled with the spirit of unity created, the high quality of presentations and the appeal to build on this collective energy. As a result plans to initiate a national annual community health nursing conference are underway in partnership with CHMAC.

The 2nd National Conference for Community Health Nurses: Shaping the Future is May 29, 30, & 31, 2008 in Toronto. Call for Abstracts will be out in early September.

For further details about the 2007 conference evaluation feedback, see our newly renovated website [www.chnig.org](http://www.chnig.org).

Our Annual General Meeting (AGM) was held on April 21, 2007. About 50 people attended this meeting, during which recognition was given to Yvett Laforet-Fleisser and Nancy Lefebvre who both received the distinguished RNAO Award of Merit. Also we acknowledged Claudine Bennett and Marlene Slepko, both CHNIG members, as they assume their new role as RNAO Board members representing Region 4 and Region 3 respectively. We presented four awards. The CHNIG Research Award for 2007 given to Kristy

Clark and Erin MacLean. Kristy completed her BScN from the University of Western Ontario and is currently working on her Master's thesis at Western. Erin MacLean is pursuing her Masters in Nursing part time while working at Hamilton CCAC. She received her BScN from McMaster University. The Clinical Excellence in Community Health Nursing Award was presented to Michelle Pothier who recently accomplished her CHN certification and demonstrated clinical excellence in her role as a homecare nurse in Prince Edward County. The 2007 Seed Grant was given to **Lorraine Athwal** and Yvonne Timal, Middlesex London Health Unit for their work on a staff development project that was aimed to build skills in the use of information technology to access public health evidence and to critically appraise the information for public health nursing practice. Please consider nominating one of your colleagues for the 2008 award (s) and/or **over >**

*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)

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## President's Message (cont'd)

BY RUTH SCHOFIELD

applying for research or education awards (see the website for details).

At the AGM we heard an excellent and informative presentation on how the Best Practice Guidelines were being integrated into community health nursing. The panel presentation was called "Facilitators and Barriers to Implementing the BPGs in Community Health Nursing: Research, Practice and Student Perspectives". The panel presenters were Janet Chee, RNAO BPG project, Jenny Ploeg, McMaster University, **Cheryl Reid-Haughian**, Paramed, Colleen Flynn, Niagara Region Public Health, **Andrea Cotes**, Meghan Manzo and Karen Powell, McMaster University 4th year nursing students. We also said farewell to three very committed community health nurses who served on our executive for a number of years Cathy Ward-Griffin, Marlene Slepko and Marilyn Evans.

CHNIG's concern for the integration of the social determinants of health and primary health care principles continue to be highlighted in policy responses or resolutions. Several CHNIG members in collaboration with Lynn Ann Mulrooney from RNAO head Office worked on the draft Ontario Public Health Standards e-survey. The e-survey response can be found on the CHNIG website. As a RNAO voting delegate for the CNA AGM on June 21, 2007 in Ottawa, there was an opportunity to support resolutions on environmental health and strengthening the value and application of the Canada Health Act. As well the recent consultation on the Health Promotion and Protection Act provided another opportunity to strengthen the integration of the social determinants of health in public health legislation.

CHNIG's recently had the opportunity to provide input to the CNA's ethics in practice on Nurses Ethical Considerations in the Emergency or Pandemic. We had concerns for the individualistic perspective evident in the document. Feedback was offered to expand the duty of care to include a community perspective that recognized ethical implications for community health nurses. Thanks to **Sue Starling**, **Cindy Johnston** and **Lorraine**

**Athwal** for their critique and suggestions. Our response was included in the RNAO and CHNAC responses.

CHNIG continues to strive to raise our profile. An exciting new initiative to accomplish this goal is a national position paper on the vision of community health nursing by 2020 in partnership with CHNAC under the leadership of **Lorraine Athwal**, Professional Practice team leader and **Kim Dalla Bona**, Vice President. We hope to examine relevant community health nursing issues based on a literature review and key informant interviews and make recommendations on research, clinical, education, policy and administration practice.

CHNIG executive welcomes a number of new members. **Barbara Kennedy**, nursing instructor at Humber college, as the new Education and Research team leader, **Dr. Debbie Kane**, nursing professor at Windsor University as the Political Action team leader, and **Andre Cotes** and **Alicia DeVries**, 4th year McMaster University nursing students as the student representatives. **Samantha Thomson**, Supervisor Homecare Services of VON in Toronto York Region, will assume Martina Cuillerier, role as Membership Benefit team leader as Martina begins her new role as a mother. **Katie Dilworth**, Professional Practice leader in Toronto Public Health, will join the Professional Practice team, and cover for Lorraine Athwal on her new role as a mother as well. **Cori Dmitriew**, Engagement Liaison, Saint Elizabeth Health Care in Markham will assume Kim Dalla Bona's role as co-team leader for professional practice. **Cyndy Johnston**, student Placement Coordinator, Hamilton Public Health Services joins the communication team. The increasing requests to respond to national and provincial community health nursing issues from various sources and to enhance our connection with CHNIG members has required us to build our team membership. Please, let us know if you are interested in joining a team (see CHNIG website for **Bea McDonough's** contact information). ♦

# Team Reports

## Professional Practice Report

BY KATIE DILWORTH

Another exciting development for Professional Practice is the expansion of the Professional Practice Team. This team is comprised of public health and home health nurses from across Ontario. The Professional Practice team aims to monitor developments in community health/public health nursing practice, develop position statements on community health nursing practice as necessary, provide input into RNAO on nursing practice issues as they relate to CHNs, and represent CHNIG on related committees as requested by the President or Executive Committee. The team will be meeting three times a year and as needed. The Team is accountable to the CHNIG Executive and to CHNIG members. Membership for our current Professional Practice Team includes:

Lorraine Athwal, Public Health, London  
 Kim Dalla Bona, Home Health, Windsor-Essex  
 Katie Dilworth, Public Health, Toronto  
 Heather Lokko, Public Health, London  
 Tanya Lesage, Public Health, Thunder Bay  
 Linda Malcolm, Public Health, Kingston  
 Kay McGarvey, Home Health, Toronto  
 Sheila Montague, Public Health, London  
 Eleanor Paget, Public Health, Toronto  
 Samantha Thomson, Home Health, Toronto  
 Nicole Szumanski, Public Health, Kingston  
 Cori Watson, Home Health, Stouffville

The CHNIG Professional Practice Leaders are thrilled to have such varied expertise available to help us work toward meeting CHNIG's goals by enhancing professional practice of community health nurses in Ontario.

### Vision 2020 Paper

One of the exciting projects many of the members of the professional practice team have been working on, in partnership with other CHNIG executive members and the Community Health Nurses Association of Canada (CHNAC),

is a position paper that will articulate a vision of community health nursing in the year 2020. Community Health Nurses who attended the 1st National Conference for Community Health Nurses may recall our "Network Café" where members of our committee talked with CHN across the country on their perspectives of what community health nursing will look like in 2020. Your thoughts and ideas have been collated and shared with the project team. We are now investigating funding opportunities to help us identify the priority issues for Canadian community health nurses in 2020 Canada and develop a national position paper that outlines the issues, resolutions, and actions for policy, clinical, education, research and administration practices. CHNIG President Ruth Schofield and President-Elect Kim Dalla Bona will be leading this project.

### Change in Team Leads

We congratulate Kim Dalla Bona, as she has accepted a new position as President Elect for CHNIG. Kim will continue to support the Professional Practice team in addition to providing leadership in her new role.

Cori Watson has replaced Kim as Professional Practice Lead for Home Health. Cori has held a variety of home health nursing roles in Thunder Bay and has recently transferred to Saint Elizabeth Health Care in Markham where her role supports the education of community health care workers in rural, remote locations.

Lorraine Athwal, Professional Practice Lead for Public Health, will be taking a temporary leave of absence from CHNIG executive activities after the birth of her new baby. She plans on maintaining a linkage with CHNIG for the fall and become more involved again in early 2008. We are very happy to have Katie Dilworth, Professional Practice Consultant with Toronto Public Health covering

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## Team Reports Cont'd

during Lorraine's absence. Katie's contact information is below for your reference.

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## Education and Research Report

BY BARBARA KENNEDY

The Education and Research Team has been in transition this spring with Barbara Kennedy assuming the team leader role from Cathy Ward-Griffin. During this time, Cathy has been very supportive, has given freely of her time and has shared her knowledge and expertise from her previous years as team leader. I would like to thank her for all of her wonderful work during that time and for what she is still providing for the team. The new team is coming together and we are planning our first teleconference near the end of September. There are some returning members and a number of new members from undergraduate and graduate education and also nursing research. During the first meeting we hope to review the terms of reference of this team and strategies that will support and enhance the profile of CHN and CHNIG in nursing education and research.

I would like to remind our members that there is an educational bursary for those seeking funds to return to school. Application for the scholarship is to be submitted by September 30th. There is also a research grant available for our members conducting research. Deadline for this is January 31st. Please see the CHNIG website for details and application forms.

I would like to welcome all new members and thank all returning. I look forward to working with this exciting and diverse team!!! ♦

## Membership Report

A Student Experience

BY SHARON CHRISTINA GODISHALA,  
RYERSON UNIVERSITY

The CHNIG/CHNIG 1st National Conference was an enriching experience to me as a student. I am really grateful to all the members of the board and committee for giving me this opportunity. My name is Sharon Christina Godishala, a fourth year nursing student at Ryerson University pursuing my final clinical placement at York Region Public Health. It was a privilege to witness Community Health Nurses from all over Canada at one venue with one mission - to strengthen communities. It was very inspiring to meet with many of such dedicated and motivated individuals who are engaged continually in health promotion and building healthier communities.

The event was meticulously organized and every member had a prospect of enhancing and upgrading their knowledge to be caring, holistic, and ecological - the essentials in developing strategies for health promotion. The concurrent sessions explored the most important health issues in the country and were excellent resources for current and further nursing research, and for providing implications for nursing practice and policy. The poster session at the end was a great wrap up for this memorable event.

Overall, the conference has thoroughly inspired and motivated me to be a community health nurse and to be associated with such a distinguished and dynamic group of nurses. ♦

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## Team Reports Cont'd

# Policy and Political Action Report

BY DEBBIE KANE

Greetings from the Team Leader of the Policy and Political Action committee. Allow me to take a moment to introduce myself. My name is Debbie Kane and I am an Associate Professor and Graduate Program Coordinator with the Faculty of Nursing at the University of Windsor. I had the pleasure of attending the RNAO General Meeting and the CHMIG Annual General Meeting this April.

When the opportunity to be the team leader for the Policy and Political Action Committee presented itself I decided it was time to live what I promote with my students on a daily basis; that is, to be a political advocate for nursing.

My first task as team leader is to identify other CHNIG members from across ONtario who are interested in being a part of the Policy and Political Action Committee. So, if you are interested in having a voice in the development of health and social policies that influence Community Health Nursing Activities please consider volunteering to be a team member.

Looking forward to working with you,

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## Communication Report

BY BEA MCDONOUGH

I am pleased to welcome Cyndy Johnston to the CHNIG communication committee. Cyndy is the Student Placement Coordinator at Public Health Services for the City of Hamilton. Cyndy will be the co-chair of the communications committee, and responsible for promotions and marketing of CHNIG. She will be joining Faye Parascandelo and myself to keep you up-to-date in the communications area.

Also, many thanks to Katie Dilworth from Toronto Public Health who has been a communications committee member for the past year and who now has moved on to co-chair the Professional Practice committee at CHNIG. Thanks for all your help with editing, support and article submission!

As you are all aware we now have the members only section available up and running on the website. We are also easily importing new members as there are 394 new members since Jan 4, 2007 whose ID information are just now being added. To those new members - welcome! You should be able to access the members only section in September. The access process is the same as for the RNAO members only section - the first letter of your first name and the first 5 letters of your last name is your user ID and your password is your RNAO registration number.

A new feature to be added to the website in September will be an events calendar. Just click on the events button on the top of the main page and a calendar will be displayed with a listing of relevant events and workshops. You will be able to click on the events and workshops and register for those that interest you directly from the site.

Also, for further information or questions you may have, you can contact anyone of us through the Bulletin Board service on the website. Just post a question in the committee area of your interest and the chair of that committee or a committee member will respond within the week. We will also be posting questions for you to solicit your input on issues - so go to the Bulletin Board often to review current content.

We will also be conducting two surveys on the members only section of the website this Fall - one for students and the other for our members. A link will be provided to a survey monkey. We want to find out how we can best serve you and what your interests are.

Please contact us should you have concerns, questions or want to help out! Stay tuned...for new additions to the site! ◆



# Street Nursing Initiative Funded

The Change Foundation in partnership with the Ontario Ministry of Health and Long-Term Care Nursing Secretariat has awarded researchers at McMaster University \$100,000 to develop and evaluate a virtual community of practice for street nursing. Co-led by Dyanne Semogas and Ruta Valaitis of Hamilton's McMaster University School of Nursing, the team includes Wendy Muckle (Ottawa Inner City Health), Cathy Crowe (Toronto Disaster Relief Committee), Noori Akhtar-Danesh (McMaster University) and Anne Childs (Salvation Army Services Center, Hamilton).

The goal of this project is to strengthen intra-professional nursing practice by connecting street nurses with each other. Housed on the Health Ontario portal <https://www.ehealthontario.ca/>, this virtual community of practice will focus on the development of relationships resulting in:

- ✓ Development of a shared, repertoire of communal resources including current key topics and research; and,
- ✓ Provide a shared space where novice nurses can learn from the leadership of more experienced nurses.

Key activities over the next two years include:

- ✓ October - December 2007: Recruit and hold full day workshops for street nurses in Hamilton, Toronto & Ottawa to:
  - ⇒ Begin to create a Community of Practice Charter for Street Nursing
  - ⇒ Identify potential champions with expertise in street nursing and define their roles in supporting a virtual community of practice
  - ⇒ Identify relevant topics and resources for online best practice and evidence-based research relevant to street nursing

- ⇒ Recommend relevant knowledge exchange strategies that would appeal to street nurses; and
- ⇒ Suggest desired design specifications (technology features) that will inform the development of the online communication tool.
- ✓ October - December 2007: Recruitment of Nursing Champions (supported by an honorarium) to support the virtual community of practice and participate on a Steering Committee.
- ✓ October - December 2007: Recruitment of members to the virtual community of practice for street nursing.
- ✓ January - March 2008: Launch of the Virtual Community of Practice site with online training and support to users.
- ✓ January - April 2008: Monitoring and maintenance of the site.
- ✓ July - September 2008: Evaluation of the virtual community of practice through focus groups to be held in Hamilton, Toronto & Ottawa, and other evaluation strategies. Long-term outcomes are to provide a structure (people and technology) to sustain the virtual community of practice beyond the life of the project.

This initiative represents the development of the first provincial web-based centre dedicated to knowledge transfer and exchange on nursing practice pertaining to homelessness and poverty. Visit the project Blog at <http://streetnursing.mcmaster.ca> to keep up with the project as it develops and to contribute to your ideas. ♦

# Political Understanding: Toronto Public Health Participates in RNAOs ‘Take your MPP to Work Day’

BY KATIE DILWORTH

Toronto Public Health (TPH) is the largest public health unit in Canada, and the fifth largest in North America. Nurses at TPH work to create a healthy city by preventing the spread of disease, protecting against injury and illness, promoting healthy living and advocating for better conditions to improve health. It is important that politicians in our community understand and support our work.

Politicians from municipal, provincial and federal governments were invited to visit Toronto Public Health during Nursing Week as all three levels of government are intimately tied to the work we do. These visitors included: The Honourable Mary Anne Chambers (MPP); Councillor Chin Lee; Ms. Peggy Nash (MP); Councillor Gord Perks; the Honourable Dr. Shafiq Qaadri (MPP); and, the Honourable George Smitherman (MPP). These politicians had an opportunity to better understand the breadth and depth of the work that nurses do in the field of public health.

Visits occurred in a variety of public health settings. For example, the Honourable Mary Anne Chambers visited a Healthy Families program and sat in on a breastfeeding session at a Canada Prenatal Nutrition Program. Peggy Nash visited a Sexual Health Clinic and the Honourable George Smitherman visited nurses at two clinics; ‘The Works’ and the ‘TB Stop’.

This is the first time TPH has participated in the Take Your MPP to Work Day. We learned this was a valuable opportunity to help the politicians better understand the work that nurses do in the field of public health and the issues they encounter on a daily basis. ♦

## Ontario Health Plan for an Influenza Pandemic (OHPIP)

TASKFORCE MEMBER: SUE STARLING RN MSc

On behalf of RNAO, CHNIG was invited to participate in the Community Strategic Advisory Sub-Committee for the Ontario Health Plan for an Influenza Pandemic. The mandate of the committee was to develop a generic community strategy to keep individuals in the community during a pandemic. Allison Stuart from the MOHLTC Emergency Management Unit chaired the committee. The committee membership included representation from Community Care Access Centres of Ontario, Ontario Health Centres, chain Drug Stores, local Public Health Agencies, Ontario Public Health Association, Non-Profit Homes, services for seniors, College of Family Physicians, Home Care Associations, Community Support Associations, Long Term Care Associations, Pharmacists associations, and the Canadian Red Cross.

### The objectives of the committee were as follows:

- 1) to identify available health resources at the community level to respond to health needs of an influenza pandemic,
- 2) to develop a strategy which incorporates a full range of community resources and priority steps for implementation,
- 3) to identify roles to be played by community health care providers,
- 4) to recommend roles to be played by other community based individuals and or organizations,
- 5) to identify related dependencies and
- 6) to provide public education both pre-pandemic and during a pandemic.

The purpose of the sub-committee was to review the conceptual models of the Community Assessment and Treatment Center, Patient Flow, and Triage Zone Matrix. The feedback was addressed to the Ontario Health Plan Influenza Pandemic Steering Committee and to Working Groups. Please refer to the Ontario Health Pandemic Influenza Plan on the MOHLTC website at [http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html) ♦



# Methadone Maintenance Treatment Practices Taskforce

**TASKFORCE MEMBER: SUE STARLING RN MSc**

The McGuinty government established an external task force to provide advice on how to improve methadone maintenance treatment in Ontario as recommended by a Coroner's inquest into methadone-related deaths. Methadone is a long-acting opioid or narcotic medication that is an effective and legal substitute for heroin or other opiates. It helps to stabilize the lives of people who are dependent on opiates and reduce the harm related effects of illicit drug use.

The government wanted to ensure there is access to high quality methadone treatment in Ontario and that the treatment is provided in a safe, effective, and affordable manner. The task force membership involved experts in the field of methadone treatment, representation from regulatory bodies, consumers, and other important stakeholders. With collaboration from RNAO, CHNIG was invited to participate as a taskforce member. The Task force members were invited to attend 7 regional consultations to listen to community members and stakeholders provide input about methadone treatment. The task force examined five key areas:

- 1) access to methadone and regulations surrounding the treatment programs,
- 2) best practices and training for health care professionals,
- 3) fair payment models,
- 4) quality assurance, and
- 5) community engagement.

The report will be available soon and will be listed on the government website at <http://www.gov.on.ca>. For more information, please refer to the methadone maintenance treatment practices taskforce website at <http://www.methadonetaskforce.com/index.asp>



## OPHA Liason Report

**BY SUE STARLING**

This year's OPHA's annual conference is co-sponsored with Toronto Public Health and the program is built around the theme "Public Health: Who's at risk? What's at stake?". The conference will take place on November 18-21, 2007 at the Marriott Toronto Downtown Eaton Centre. Deadline for submitting position papers for the AGM was August 1, 2007. Refer to OPHA website at <http://opha.on.ca> for more details.

Starting in July 2007, the OPHA newsletter will now be distributed as an E-Bulletin. Each Constituent Society has been assigned a designated month for submission and CHNIG month is in September. OPHA is in the process of creating an Ontario Election recommendations and voters guide to support public health for the up coming election. Stay tuned for more details.

## In the News...

RNAO & CHNIG received funding from the Ministry of Health Promotion to advance the BPG on smoking cessation. This is the outcome of a meeting with Sheela Basrur, Doris Grinspun, Joyce Fox and Ruth Schofield in October 2006. Also included was Carol Timmings, president of ANDSOOHA and Isabel Michel from Sudbury PHRED program.

### 2008 Summer Research Internship

University of Ottawa is already beginning to gear up for their 2008 Summer research internship. This internship will take place in Ottawa in June and July next year. This full-time internship will have an international focus. Nurses from three African countries (Kenya, South Africa and Uganda) and two Caribbean countries (Jamaica and Barbados) will be joining this internship. We welcome applications from Canadians who have an interest in international health and want to gain research skills and experience. More information about the internship will be available on our Multiple Intervention website this fall:  
<http://aix1.uottawa.ca/~nedwards/english/index.html>.

Since January of 2006, CHNET-Works! has hosted 53 Fireside Chats focusing on a variety of community health issues. Participants have stated that they are delighted to access the expertise of Advisors on Tap and their colleagues across Canada - all without any travel costs. Over 2,000 community health professionals have participated in these discussions on topics such as Active Transportation, New Competencies and Standards in Public Health, and Built Environments and Injury Prevention. Past Fireside Chat PowerPoint Presentations can be accessed on the 'members' area' of [www.chnet-works.ca](http://www.chnet-works.ca). Logging in requires a username and password. New participants can simply register themselves for the members' area. Past participants who have forgotten their username and password can get help from [info@chnet-works.ca](mailto:info@chnet-works.ca)  
Contact: Dot Bonnenfan animateur@chnet-works.ca

In preparation for the election this Fall, RNAO has collected together excellent resources to assist all community health nurses to take active, informed stand be prepared with questions at all candidates meetings. Please to the Ontario Election and You section of RNAO website [www.rnao.org](http://www.rnao.org) an persue the excellent resource materials there!

OPHA announces the launch of a new award for public health students. The "Sheila Basrur Scholarship" of \$1,000. For information about the nomination process go to [www.opha.on.ca/activities/awards/student.html](http://www.opha.on.ca/activities/awards/student.html)

Please see CHNIG's response to the Canadian Council on Health Services Accreditation's draft Standards for Public Health Posted on our Website.

**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.**





# What is the Difference? Public Health Core Competencies/ Discipline Specific Competencies/ Canadian Community Health Nursing Standards of Practice/ CNO Standards of Practice.

BY RUTH SCHOFIELD

Community health nurses in public health nursing are asking what is the difference between the public health core and discipline specific competencies, and the Canadian community health nursing standards and the Ontario College of Nurses standards of practice. To begin, **public health core competencies** are the essential skills, knowledge and abilities necessary for the broad practice of public health (PHAC, 2006). The purpose of the core competencies is to strengthen the public health system in Canada. The core competencies transcend the boundaries of specific disciplines and are independent of program and topic; hence they reflect an overall public health approach to health issues (PHAC, 2006). Over the past year a consultation process across Canada was implemented and included an on-line survey, implementation pilots, and regional consultation meetings held with various stakeholders including front-line, managers, directors, academics, researchers, and a ministry representative from all public health programs. A CHNIG member either **Carol Yandreski** or I participated in the consultation process. In September 2007 the Public Health Agency of Canada (PHAC) will release the final version of core competencies for public health professionals. (See the PHAC website <http://www.phac-aspc.gc.ca>.)

*Discipline specific competencies* refer to formal health professional entities like inspection, medicine, nursing, nutrition, health promoters, and others (Cole, Johnson & Bondy, 2005). The disciplines, like nursing, are defined in provincial legislation such as the Regulated Health Services Act in Ontario and regulator bodies like the Ontario College of Nurses. Some work in the development of PHN discipline specific competencies has begun. In 2004 CHNAC began to examine the CCHN standards of practice in relation to the PHAC core competencies by conducting a literature scan and key informant interviews. CHNAC found areas where the scope of PHN practice was not fully addressed by the PHAC core competencies and outlined potential practice domains with correspondence to CCHN standards and certification competencies. CHNAC plans to continue this work. More recently, on June 9, 2007, PHAC convened the first national public health disciplines meeting in Vancouver of representatives from epidemiology, nutrition, dentistry, health promotion, nursing and inspection. The purpose of the meeting was to share the progress regarding discipline specific competency development. Yvette Laforet-Fliesser, Kate Thompson and I attended as representatives of the CHNAC Board.

What's the Difference?  
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## What is the Difference? (Cont'd)

Yvette provided an update on the development of the public health nursing competencies.

She reviewed the development of the community health nursing standards and certification competencies and the unique characteristics of public health nursing practice. Based on CHNAC's work she identified the following characteristics of PHN practices (Laforet-Fliesser, 2007).

- the integration of community involvement and knowledge about the entire population
- a special "lens" from the "bottom-up" validating the findings of the health team on a population level,
- simultaneity of the "big picture" while working with people in their families or community,
- working with individuals/families is population focused
- caring, trust, self-determination & empowerment are central to PHN-client relationship and to health promotion nursing practice,
- holistic, ecological approaches
- steady, plodding and perseverance to develop community partnerships and policies that benefit their clients (Laforet-Fliesser, 2007)
- holistic, ecological approaches

She recognized a number of considerations and complexities in the development of discipline specific competencies for instance

- a) roles and responsibilities of PHNs vary across Canada from generalists to "subject" specialists, blends of home health and public health and district practice;
- b) practice changes within the last 15 years don't necessarily reflect how PHNs should practice or wish to practice; and
- c) the fit with 21st century public health practice.

CHNAC plans to continue to work on the development of PHN discipline specific competencies.

The *College of Nurses of Ontario Standards of Practice* applies to all nurses in Ontario (CHNAC, 2007). The standards of practice are defined and regulated by the College of Nurses and are legal requirements to practice. They are required when hired into any nursing position. Whereas *specialty standards of practice* such as the CCHN Standards of Practice are defined by the Canadian Nurses Association (CNA) and provide standards specific to the practice of community nurses. Specifically standards are voluntary for focus areas of practice. According to CNA it is required for nurses to have a defined period of practice in the specialty area to apply for specialty standards of practice. For community health nursing the period is 2 years.

Cole, D., Johnson, I., & Bondy, S. (2005). Core Competencies for Public Health Epidemiologists in Ontario. Background and Technical Material.

Community Health Nurses Association of Canada, (2007). Canadian Community Health Nursing Standards of Practice Toolkit.

Laforet-Fliesser, Y. (2007). Update on the Development of Public Health Nursing Competencies. Public Health Disciplines Meeting, PowerPoint presentation, June 9, 2007, Vancouver, BC.

Public Health Agency of Canada, (2006). Consultation on the Pan-Canadian Core Competencies for Public Health Background Information. Provincial Regional Consultation Meeting, June 20, 2007. ♦



# Research Award MScN Summary Report

Aboriginal Women Caregivers of the Elderly in Geographically Isolated Communities

BY KAY CROSATO

The purpose of this qualitative study was to develop a comprehensive understanding of Aboriginal women's experiences and perceptions of providing care to the elderly in geographically isolated communities (GIC). Research with Aboriginal women caregivers is essential as the population of Aboriginal elderly is increasing and Aboriginal women represent the majority of caregivers in their communities (Gahagan, Rehman, Loppie, Side & MacLellan, 2004).

Two research questions guided this study: 1) How do Aboriginal women living in GIC describe their experience of caring for the elderly? and 2) What are the broader contextual factors (e.g. culture, geography, gender, social support) of caring for the elderly among Aboriginal women in GIC? This study was directed by focused ethnography, which seeks an understanding of a sub-group within a cultural group by uncovering the less obvious expressions of the sub-group members (Morse, 1991; 1992). Using one-on-one interviews and participant observation, 13 women from a variety of Aboriginal communities in northern and southern Ontario participated in this study. Data analysis was conducted using Lofland, Snow, Anderson, and Lofland's (2005) data-based strategies for analysis.

Study findings revealed that the Aboriginal women caregivers' experiences occurred within the context of the Healers, the Family, the Aboriginal Community, and the non-Aboriginal Community (Figure 1). Circles were used to represent the women's experiences because within the Aboriginal culture the circle is often used as a symbol to represent Aboriginal

worldviews (Bigwin, 2006). Additionally, the term 'caring' is used instead of 'caregiving' as caring is

the word that the participants used to describe their experiences and perceptions. Between the circle of healers and the family circle is a solid line with the exception of one door. This solid line signifies that the circle of healers is not open to all family members. The door represents how the healers are selected to care for the elderly as Aboriginal women were chosen to care based on their gender and the preference of the elderly person. The dashed line between the family circle and the Aboriginal community circle represents the interconnectedness between the family and Aboriginal community. The third line between the Aboriginal community circle and the non-Aboriginal community circle is solid with the exception of one door. This solid line represents the more bounded relationship between the Aboriginal and non-Aboriginal communities. The door represents the experience of women caregivers who open and close the door to the non-Aboriginal community's external resources and services. The Aboriginal women caregivers' experiences and perceptions of caring for the elderly in GIC were informed by cultural values. These cultural values are represented in the five themes within each of the interrelated circles: Passing on Traditions, Being Chosen to Care, Supporting the Circle of Healers, (Re)establishing the Circles of Care, and Accepting/Refusing External Resources.

continued >

# Research Award MScN Summary Cont'd



**Figure 1: The Circles of Caring**

This study highlighted several key insights regarding the experiences and perceptions of Aboriginal women as caregivers of the elderly in GIC:

- 1) the interconnectedness of the three concentric circles within the Aboriginal community,
- 2) the tenuous relationship between the non-Aboriginal and the Aboriginal communities, and
- 3) the importance of social support as a major determinant of Aboriginal women caregivers' health. The findings from this study have significant implications for health care practice, health education, and future research.

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## Upcoming Events

### CPHA 2007 Annual Conference

16-19 September 2007

The Westin Ottawa/Ottawa Congress Centre, Ottawa, Ontario  
Consult the online **Preliminary Program**. Online registration available at <http://www.conference.cpha.ca>

#### "From Politics to the People"

In partnership with: Canadian Institute for Health Information -  
Canadian Population Health Initiative  
Canadian Institutes of Health Research -  
Institute of Population and  
Public Health Public Health Agency of Canada

### 6th International Conference - Older People Deserve the Best:

Aging & Health Across the Continuum Towards a Sustainable Future  
September 26 - 28, 2007 - Markham, Ontario

**Presented by:** Alzheimer Society of Ontario, Regional Geriatric Programs of Ontario and RNAO

**Ideal for:** care providers, clinicians, decision makers, researchers, educators and care teams

**Conference highlights:** Innovative speakers from all perspectives of geriatrics, new strategies for care of the elderly, pre-conference workshop: "How to Maintain a Healthy Brain", strategies for those dealing with older persons, their families and care providers...and much more!

Conference Program & Registration available:

[www.RNAO.org/Conferences](http://www.RNAO.org/Conferences)

(Early Bird Registration Deadline ends September 7)

### Inaugural Conference for Staff Nurses: Striving and Shaping the Keys to Nursing Excellence

October 4, 2007 - Toronto, Ontario

**Presented by:** Staff Nurses Interest Group (SNIG) and RNAO

**Ideal for:** All Nurses in acute care, community, long-term care settings, public health and mental health areas

**Conference highlights:** Innovations in models of care, specialized assessment skills, leadership development, ethics in nursing, RNAO Career Resource Centre and more

Call for Poster now open - Deadline August 27, Conference program and registration available shortly: [www.RNAO.org/staffnurseconference](http://www.RNAO.org/staffnurseconference)

### 5th Biennial Pediatric Nursing Conference: Child First, Patient Second

October 19, 2007 - Toronto, Ontario

**Presented by:** Pediatric Nurses Interest Group and RNAO

**Ideal for:** All Nurses in the pediatric field from front-line nurse to executives

**Conference highlights:** Family Centred Care, Pediatric Mental Health, new issues in pediatrics, community practice, inspirational speakers and more!

Conference Program & Registration available: [www.RNAO.org/PedNIG](http://www.RNAO.org/PedNIG)  
(Early Bird Registration Deadline ends September 4)

The Canadian Society for International Health is holding its 14th annual **Canadian Conference on International Health**

November 4 - 7th - Marriott Hotel, Ottawa, Canada, in partnership with the Canadian Coalition for Global Health Research (CCGHR).

For more information, visit the

conference website: <http://www.csih.org/en/ccih/index.asp>

Early Bird registration is now open for the **2007 OPHA Conference titled "Public Health: who's at risk? What's at stake?"**

November 18th - 21st - Marriott Hotel - Toronto Downtown Eaton Centre, Toronto, Ontario

Online registration, as well as a preliminary program is available at [www.ophaconference.ca](http://www.ophaconference.ca)

## Of Interest

### New Links to explore as identified by CHRU Perspectives newsletter from University of Ottawa:

Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention is a new tool that will aid in the systematic approach to planning interventions. It is available at <http://cbpp-pcpe.phac-aspc.gc.ca/>.

Stand Up is a multifactorial program offered in both French and English for independent, community-dwelling seniors, who have either had a previous fall or concerned about falling. For more information, please visit <http://www.santepub-mtl.gc.ca/programmechute/index.html>.

Towards Evidence-Informed Practice is a project that seeks to answer questions regarding health promotion, heart and chronic disease prevention, as well as provide suggestions on how one can make the greatest impact possible in the community he or she deserves. Please visit <http://teip.hhrc.net/index.cfm> for more details.

Where are the Nurses at the World Health Organization? Is a press release issued by the International Council of Nurses. Please visit [http://www.icn.ch/PR18\\_07.htm](http://www.icn.ch/PR18_07.htm) to see the release.

### New fact sheet to support home and community care for ethnoracial populations

The Canadian Research Network for Care in the Community (CRNCC) has released a four-page fact sheet describing how to provide thnoracial care in the community. Using culturally competent communication and effective outreach to address barriers, leveraging ethnoracial community resources, using care managers and ensuring multiple points of access are the keys to appropriate care, according to the authors. The fact sheet provides practical tips for front-line staff on culturally competent communication. For managers, the document discusses how to identify and address barriers to access through effective outreach. The authors explain the difficulties encountered when using family members as translators, and give examples of how agencies have leveraged previously untapped resources within ethnoracial communities. The authors also stress the importance of individual care managers and multiple points of entry to service. This is the first in a series of fact sheets on diversity the CRNCC plans. The next will look at sexual orientation issues in home and community care. The Canadian Research Network for Care in the Community is a partnership between researchers, community service providers, consumers and policy-makers. Its goal is to build and share evidence on community care and on its role within the continuum of care. CRNCC operates through membership participation in a virtual network.

"Diversity: Ethnoracial Issues and Home/Community Care," May 24, 2007, is available in PDF format at [www.crncc.ca<http://www.crncc.ca/knowledge/factsheets/download/InFocus-Diversity-EthnoracialIssuesinHomecommunityCare.pdf>](http://www.crncc.ca/knowledge/factsheets/download/InFocus-Diversity-EthnoracialIssuesinHomecommunityCare.pdf).

## Communication Corner

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

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