



CHNIG 2011-2013 Goals and Objectives

Objectives	Goals
<ul style="list-style-type: none"> • Advocate for the development of appropriate nursing, health and social policy in Ministry Task Force events and governmental and non-governmental organization initiatives. • Integrate Community Health Nursing principles in policy response. • Identify and respond to relevant issues that may affect community health nursing, health and social policy. 	<p>To influence health and social policy</p>
<ul style="list-style-type: none"> • Participate in conference planning. Explore opportunities to support preceptorship in CHN. • Disseminate relevant research to CHNs. • Promote uptake of evidence-informed practice. • Provide funding opportunities for education, program evaluation and research initiatives • Assist CHNs to meet competency and certification requirements and standards. 	<p>To build capacity and leadership in Community Health Nurses</p>
<ul style="list-style-type: none"> • Enhance the understanding of the diverse roles in community health nursing among CHNs, non-CHNs, other health professionals, policy-makers, nursing students, and the public. • Actively engage in social marketing to improve visibility and public engagement. • Promote and advocate the value of CHN practice 	<p>To strengthen the profile of CHNs and articulate the significance of their practice.</p>
<ul style="list-style-type: none"> • Market CHNIG to members and potential members. • Identify and respond to the needs of CHNIG members. • Improve marketing and dissemination of bursaries, professional development and awards for members and students. • Promote the value of CHNIG membership. Engage members. • Marketing (internal and external). Increase membership by 7.3%. 	<p>To promote, engage and maximize membership in CHNIG.</p>
<ul style="list-style-type: none"> • Engage nursing students in CHNIG and CHN (undergraduate/ student members). • Collaborate with key stakeholders (e.g., Canadian Association of Schools of Nursing, (CASN), Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario ANDSOOHA). • Support student involvement within the CHNIG executive. • Actively engage with CHN educators to promote the concept of CHN practice inclusion 	<p>To promote engage and maximize student involvement in community health nursing and CHNIG.</p>

1. To influence health and social policy
2. To build capacity and leadership in Community Health Nurses
3. To strengthen the profile of CHNs and articulate the significance of their practice.
4. To promote, engage and maximize membership in CHNIG.
5. To promote engage and maximize student involvement in community health nursing and CHNIG.

Goal One			
To influence health and social policy			
Objectives	Activities	Target Date	Lead
Advocate for the development of appropriate nursing, health and social policy in Ministry Task Force, events and governmental and non-governmental organization initiatives.	Visit MPPs and attend Queens Park Day, meet with local politicians; increase CHNIG profile at this level.	2011-2013	<ul style="list-style-type: none"> • President, President Elect, Past President (Lead: Policy and Political Action)
	Meet with opposition party politicians to understand their points of view and their platforms and seek advice to influence.	2011-2013	<ul style="list-style-type: none"> • Policy and Political Action
	Conduct active outreach and collaborate with CHNIG members, other chapters, sectors and community groups in enacting collective political action for policy issues of mutual concern.		
	Respond to requests for consultation on health programs, nursing, health and social policy planning and policy documents.	2011-2013	<ul style="list-style-type: none"> • Professional Practice with assistance as required from Policy and Political Action and others
Integrate CHN principles in policy response.	Integrate Primary Health Care principles in all CHN policy responses.	2011-2013	<ul style="list-style-type: none"> • All Executive Members (Lead: Policy and Political Action)
	Lobby for inclusion of community nursing effectiveness research in policy response.	2011-2013	<ul style="list-style-type: none"> • All Executive Members (Lead: Policy and Political Action)
	Advocate for the need for community based nursing research in policy responses.	2011-2013	<ul style="list-style-type: none"> • All Executive Members (Lead: Policy and Political Action)
	Seek opportunities to influence decisions in research. Work with researchers to identify key priority issues. Seek funding that facilitates research.	2011-2013	<ul style="list-style-type: none"> • All Executive Members (Lead: Policy and Political Action)

Identify and respond to relevant issues that may affect community health nursing, health and social policy.	Respond to RNAO requests for consultation. Collaborate with RNAO on action alerts and issues relevant to CHN. Bring issues raised at Professional Practice team meetings to Executive as appropriate regarding nursing, health, and social policy	2011-2013	<ul style="list-style-type: none"> Professional Practice and Policy and Political Action
	Conduct an environmental scan and attend workshops in order to obtain current and relevant information. Work with external stakeholders (e.g., Public Health Ontario) as appropriate to address relevant issues in community health.	2011-2013	<ul style="list-style-type: none"> All Executive Members (Lead: Policy and Political Action)
	Prioritize and plan responses to emerging political and practice issues relevant to community health and CHNs, within individual teams, in collaboration with the CHNIG executive, CHNIG membership and others, as needed.	2011-2013	<ul style="list-style-type: none"> Professional Practice and Policy and Political Action
	Consult with CHNIG members, CHNs, RNAO policy analyst and others, on relevant health and policy issues.	2011-2013	<ul style="list-style-type: none"> All Executive Members (Lead: Policy and Political Action)

Goal Two
To build capacity and leadership in Community Health Nurses

Objectives	Activities	Target Date	Lead
Participate in conference planning.	Co-chair, along with CHNC, CHN national conferences, when held in Ontario.	2012,	<ul style="list-style-type: none"> President elect
	Participate in various conference planning committees (e.g. hospitality, program, finance, marketing) and associated activities, relevant to CHN, such as the National CHN Conference, Ontario Public Health Association Conference, Ontario Association of Community Care Access Centers conference and Public Health Ontario conference.	2011-2013	<ul style="list-style-type: none"> All executive members
Explore opportunities to support preceptorship in CHN.	Present links or information relevant to preceptor learning and growth.	2011-2013	<ul style="list-style-type: none"> Communication
	Advocate for nurse CHN preceptors.	2011-2013	<ul style="list-style-type: none"> Research, Education and Professional Development
	Explore peer mentoring opportunities.	2011-2013	<ul style="list-style-type: none"> Research, Education and Professional Development
Disseminate relevant research to CHNs.			
	Participate in research related to CHN.	2011-2013	<ul style="list-style-type: none"> All executive members (Lead: Research Education and Professional

			Development)
	Market opportunities for CHNs to participate in research.	2011-2013	<ul style="list-style-type: none"> • Communication (Lead: Research Education and Professional Development)
	Highlight research relevant to CHN in CHNIG on website and in newsletter. .	2011-2013	<ul style="list-style-type: none"> • Research Education and Professional Development and Communication
	Disseminate conference workshop materials.	2011-2013	<ul style="list-style-type: none"> • All executive members
Promote uptake of evidence-informed practice.	Partner with RNAO, chapters, and with relevant groups to sponsor and market professional development events. Provide professional development opportunities for members to support professional and personal growth	2011-2013	<ul style="list-style-type: none"> • All executive members (Lead: Research Education and Professional Development)
Provide funding opportunities for education, program evaluation and research initiatives (Nurse Members).	Maintain CHNIG Professional Development Fund, available to support attendance at venues such as the CHN conference.	2011-2013	<ul style="list-style-type: none"> • Research Education and Professional Development (Lead: Members Benefits)
	Maintain CHNIG Executive Member Professional Development Fund, available to support attendance at venues such as the CHN conference.	2011-2013	<ul style="list-style-type: none"> • Research Education and Professional Development (Lead: Members Benefits)
	Administer Educational Bursary.	2011-2013	<ul style="list-style-type: none"> • Research Education and Professional Development
	Administer Research Bursary.	2011-2013	<ul style="list-style-type: none"> • Research Education and Professional Development
Assist CHNs to meet competency and certification requirements and standards.	Post relevant support materials and links on our website, such as: Community Health Nurses of Canada (CHNC), orientation manuals, competency resources, National Collaborating Center for Methods and Tools (NCCMT), National Collaborating Centers for Public Health (NCCPH) .	2011-2013	<ul style="list-style-type: none"> • All executive members (Lead: Communications)

Goal Three
To strengthen the profile of CHNs and articulate the significance of their practice.

Objectives	Activities	Target Date	Lead
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Enhance the understanding of the diverse roles in community health nursing among CHNs, non-CHNs, other health professionals, policy-makers, nursing students, and the public.	Contact RPNAO, parish nurses, family practice nurses and occupational health nurses to contribute to environmental scanning activities and collaborate on CHN issues.	2011-2013	<ul style="list-style-type: none"> All Executive Members (Lead: Policy and Political Action)
	Promote CHN education in academic programs in Ontario.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Research Education and Professional Development)
	Encourage CHNs to submit articles to Registered Nurse Journal	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: President)
	Update and encourage the inclusion of information on CHNIG in orientation programs in CHN agencies across the province.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Research Education and Professional Development)
	Collaborate with CHNC to support creation and dissemination of clear and concise definition of CHN.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: President)
	Support integration of the CHN Standards in Practice and Education.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Research Education and Professional Development)
	Increase support for CHNs to become certified by providing information on the website including: resources, study groups, CHN certification support guide, funding through RNAO, CHNC.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Professional Practice)
	Support dissemination of discipline-specific competencies for PH and HH Participate in workshops, conferences to highlight CHN practice Encourage CHNs to be involved in politics (or political issues) Explore opportunities to disseminate information to relevant nursing practice councils of local agencies. Consider integration of a non-nurse member-at-large within the executive.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Professional Practice)
Actively engage in social marketing to improve visibility and public engagement.	Create and maintain facebook page and other forms of social media to articulate the significance of CHN practice.	2011-2013	<ul style="list-style-type: none"> All Executive members Lead Communications
Advocate the value of CHN practice	Advocate at all events and opportunities on the importance of CHN practice and its contribution to the health of communities	2011-2013	<ul style="list-style-type: none"> All Executive members

Goal Four

To promote, engage and maximize membership in CHNIG.			
Objectives	Activities	Target Date	Lead
Market CHNIG to members and potential members; improve marketing strategies.	Increase CHNIG presence at nursing events.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Members Benefits)
	Consider CHNIG exhibits and presence at multidisciplinary and client/family/caregiver events, such as Ontario Home Care Association (OHCA).	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Members Benefits)
Identify and respond to the needs of CHNIG members.	Review member survey results at each exec meeting	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Members Benefits)
Improve marketing and dissemination of bursaries, professional development and awards for members and students.	Develop a communication strategy to increase applicants to available CHNIG funding through Registered Nurses Foundation of Ontario (RNFOO).	2011-2013	<ul style="list-style-type: none"> Member Benefits
Promote the value of CHNIG membership.	Identify and contact workplace liaisons in community health nursing.	2011-2013	<ul style="list-style-type: none"> Member Benefits
	Explore opportunities to disseminate information to relevant nursing practice councils of local agencies.	2011-2013	<ul style="list-style-type: none"> Member Benefits
	Develop a network of workplace liaisons. Invite workplace liaisons to join Professional Practice team.	2011-2013	<ul style="list-style-type: none"> Member Benefits
Engage members.	Utilize multiple communication strategies to reach members including: newsletter, e-mail, website, social networking.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Members Benefits)
	Enhance website utility: post conferences, educational opportunities, research, letters and evidence of CHNIG advocacy.	2011-2013	<ul style="list-style-type: none"> Members Benefits (Lead: Communications)
	Publish newsletters (at least two annually) by posting on our website and emailing to members	2011-2013	<ul style="list-style-type: none"> Communications
Marketing (internal and external).	Explore opportunities for marketing CHNIG; increasing the visibility of CHNIG and CHNs.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Members Benefits)
	Investigate using twitter. Utilize and update social networking site to engage new and lapsed members.	2011-2013	<ul style="list-style-type: none"> Communications and Student Rep All Executive members

			(Lead: Student Rep)
	Create a standardized educational presentation, to be used by CHNIG members, Schools of Nursing etc.	2011-2013	<ul style="list-style-type: none"> Professional Practice
Increase membership by 7.3%.	Collaborate, find links and shared membership, with other RNAO interest groups.	2011-2013	<ul style="list-style-type: none"> All Executive Members (Lead: Members Benefits)
	Collaborate with RNAO to contact lapsed members.	2011-2013	<ul style="list-style-type: none"> Members Benefits
	Create 'the top 7 reasons to join CHNIG': post and send to lapsed members.	2011-2013	<ul style="list-style-type: none"> Communications, President, President Elect (Lead: Members Benefits)

Goal Five

To promote engage and maximize student involvement in community health nursing and CHNIG.

Objectives	Activities	Target Date	Lead
Engage nursing students in CHNIG and CHN (undergraduate/ student members).	Maintain and promote Student Professional Development fund, available to support attendance at venues such as the CHN conference.	2011-2013	<ul style="list-style-type: none"> Research Education and Professional Development (Lead: Members Benefits)
	Maintain and promote student AGM fund.	2011-2013	<ul style="list-style-type: none"> Research Education and Professional Development (Lead: Members Benefits)
	Advocate with relevant stakeholders and multi-sectoral organizations for appropriate community based clinical placements and opportunities, such as continued collaboration with CASN to ensure appropriate clinical placements.	2011-2013	<ul style="list-style-type: none"> All Executive members (Lead: Research Education and Professional Development)
	Ensure regular student-focused columns in the newsletter.	2011-2013	<ul style="list-style-type: none"> Student Rep (Lead: Communications)
	Sponsor RNAO student memberships.	2011-2013	<ul style="list-style-type: none"> All executive members (Lead: President)
	Raise the profile of CHN education in academic programs in Ontario.	2011-2013	<ul style="list-style-type: none"> Research Education and Professional Development
	Update and encourage the inclusion of information about CHNIG in orientation programs in CHN agencies across the province.	2011-2013	<ul style="list-style-type: none"> Research Education and Professional Development
Collaborate with key stakeholders.	Collaborate with Canadian Association of Schools of Nursing (CASN) and Nursing Students of Ontario (NSO), individual schools of nursing and other relevant organizations e.g. CARE (Centre for Internationally Educated Nurses).	2011-2013	<ul style="list-style-type: none"> Research Education and Professional Development

Revised July 2011

Support student involvement within the CHNIG executive.	Maintain student representation on CHNIG executive including recruitment, replacement and succession planning.	2011-2013	<ul style="list-style-type: none">All executive members (Lead: President)
Actively engage with CHN educators to promote the concept of CHN practice inclusion in curriculum.	Actively engage with CASN public health group and others to advocate for inclusion of concepts of CHN practice in undergraduate nursing education	2011-2013	<ul style="list-style-type: none">Research Education and Professional Development, Student members