



Annual General Meeting

April 9, 2011
8:00-11:00 am
Hilton Toronto Hotel

Annual Report

Mission

To act as the voice of Community Health Nurses influencing the health care system, and health and social policy, in areas which affect the work of Community Health Nurses and the public we serve.

**Community Health Nurses' Initiatives Group
Annual General Meeting
April 9, 2011
8:00 am - 11:00 am**

Table of Contents

1. Agenda.....	Page 2
2. Presidents Report.....	Page 3
3. Treasurer's Report.....	Page 8
4. Detailed Activities Report.....	Page 9
5. CHNC Report.....	Page 16
6. Minutes of 2010 AGM.....	Page 17

**Community Health Nurses Initiatives Group
Annual General Meeting
April 9, 2011
8:00 am - 11:00 am
Agenda**

- 8:00 1.0 Breakfast**
8:15 2.0 AGM Business
- 2.1 Welcome**
 - 2.2 Approval of Agenda***
 - 2.3 Approval of Minutes of 2010 AGM***
 - 2.4 President's Report and Member Questions***
 - 2.5 Treasurer's Report***
 - 2.6 Business Arising:**
 - 2.6.1 Membership fees***
 - 2.6.2 Presentation of Awards**
 - 2.6.2.1 Professional Development Awards**
 - 2.6.5 CHNIG Research Award**
 - 2.6.6 CHNIG Educational Bursary Awards**
 - 2.6.4 CHNC report***
 - 2.6.5 Bylaw revisions***
 - 2.7 Presentation and thank you to departing Executive Team members**
 - 2.8 Nominations and elections***
 - 2.9 Introduction of President and 2010-2011 Executive**
 - 2.10 Member voices**
- 10:30 3.0 Guest Speakers: Karen Parkinson and Susan Tam**
11:00 4.0 Adjournment*

RNAO Plenary to follow

President's Report

The Community Health Nurses' Initiatives Group (CHNIG) continues to be a strong and vibrant organization – an organization celebrating 22 years of advocacy and leadership for community health nursing in Ontario. I am honoured to represent community health nurses in Ontario as President of CHNIG and fortunate to be able to build on the momentum established by recent leadership of Kim Miller-Dalla Bona, Ruth Schofield and others with the tremendous support from RNAO.

CHNIG is committed to act as a voice for community health nurses, influencing the health care system, and health and social policy in areas which affect the work of community health nurses and the public we serve.

The diversity of the CHNIG executive was significant to our functioning this year. Although we have common beliefs and values, each member's unique focus and expertise contributes to our strength. CHNIG also has several teams of Community Health Nurses from across Ontario working to help CHNIG meet our collective goals. These teams, with their broad range of expertise, are critical to the function of CHNIG. The professional practice team, for example, has 25 nurse members.

With our new website we have interactive capability and have launched an on-line member survey. You might have noticed our pop up encouraging you to visit our survey. We want your opinion about issues that matter to you regarding political action and policy direction. Please take a moment during your next visit to our website and give us your opinion.

CHNIG is a strong and credible organization. Working together, community health nurses have the talent, knowledge and leadership to shape the future of community health nursing and health in Ontario. I will highlight some of the activity related to each goal and you can read the details in the AGM report on the table before you.

Goal One: To influence health and social policy, taking into consideration the social determinants of health.

CHNIG was proud this year to contribute to several policy documents. The Professional practice team led by Audrey Danaher and Karen Thompson led several consultations this year including:

- The Ontario Public Health Organizational Standards,
- PHAC's guidelines for health care workers regarding extreme heat events and hand washing techniques draft,
- CNA's National Professional Regulatory standards and staff Mix Framework
- RNAO's response to Bill 141, fluoridation of municipal water systems and recently a consultation about the Pascal Report
- School Health Services Review report.

CHNIG was very active politically. Leanne Siracusa and others have participated in many events including Queens Park day, meetings with MPPs such as Deb Mathews and Andrea Horvath and participation in several rallies and events. Leanne often collaborated with other organizations such as the Association of Social workers of Ontario, Students of Ontario and the Hamilton Chapter to increase the scope and reach of her work.

CHNIG participated in several initiatives this year including a two day meeting representing CNA on obesity prevention.

In this report you will find information about letters CHNIG sent to CNO about inconsistencies in CHN description in CNO renewal and letters to accreditation bodies for HH and PH to incorporate HH and PHN competencies into the accreditation process. Both organizations were very receptive and invited CHNIG to participate in process of standard development this winter. I think you'll agree when you read our report that there has been lots of work on health and social policy.

Goal Two: To build capacity in Community Health Nurses.

CHNIG's work to strengthen capacity of CHNs has been fantastic this year. As you are all well aware CHNIG has been very involved in the National CHNC conference in hosting the 2010 conference and participating in planning committees for the 2011 conference. This is not the only conference we've worked on. Jennifer Tonn worked to plan the TOPHC this week and several of us were involved in conference presentations and in a special pre-conference session held for PHNs.

We've also continued to support professional development for CHNs in Ontario by way of member conference bursaries and educational awards. The profits from the 2010 CHNC conference are allowing CHNIG to increase our professional development bursaries to help our members get to the CHNC conference in Halifax. You will find an application on our website. We've also increased our education awards and you'll hear later about these worthy candidates.

On a larger scale CHNIG executive member Barb Kennedy has been involved in a project with CNO to develop new competencies re: RNs with a focus on socio environmental approach to health and care. CHNIG also participated in the first Public Health Nursing Summit with the Ontario Agency for Health Protection and Promotion and is participating with the PHN advisory group with ANDSOOHA to move public health nursing issues forward in Ontario.

In the fall look forward to a webinar about Personal Liability Protection and a professional development event in collaboration with de Souza Institute. Our de Souza member-at-large executive member, Joanne Crawford, has been very generous with support and time to plan our event. I'd like to invite you to visit the professional development survey CHNIG has designed. I have a printed copy on your table or you can go on line to [www. https://survey.mao.ca/node/286](https://survey.mao.ca/node/286) or complete the survey on your table.

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

Strengthening the profile of CHNs has happened on several fronts. CHNIG is working with an ad-hoc provincial group to improve school nursing resources, advocating about the skills of PHNs in schools. CHNIG participated with RNAO to ensure the establishment of a CNO in every health unit in Ontario and are pleased to report after almost a decade of advocacy the OPH organizational standards now indicate this will become a reality by the year 2013.

CHNIG has also created practice profiles for both HH and PH nursing and has advocated for more career profiles to be developed. This project will proceed in the summer and fall this year. The CHNIG president has participated in several media interviews, notably one that was to discuss the role of Public Health Nurses and issues they face.

CHNIG also participated in the CHNC Political Action and Advocacy committee, the CHNC Communications committee, on the Board of CHNC and on projects such as revision of the CHNC standards, Model and the Blueprint for action.

Goal Four: To promote, engage and maximize membership in CHNIG.

CHNIG membership numbers are very strong. The totals (including students) for the last year are:

April 2010	Oct 31 st 2010	April 2011	% increase
1677	1753	1748	4.23

These numbers will increase as the year progresses.

Last year CHNIG worked with RNAO to design a new logo and promotional materials for CHNIG now being used on all CHNIG correspondence and presentations. CHNIG has now designed a new brochure and pins and has been present at several conferences.

We've worked hard at communication with our members this year with monthly emails and 2 newsletters which would never have happened without the skilled work of Zorica Vujnic.

Likely the most visible of our engagement is a result of our new website which is updated continually featuring information relevant to CHNs by Susan Tam. Susan has worked miracles with the website and it's become a key tool for CHNs in Ontario to find out what's happening.

Goal Five: To promote, engage, and maximize student involvement in community health nursing and CHNIG.

CHNIG has been fortunate to have two student members on our executive this year. Both have been active in voicing the concerns and perspective of students and helping CHNIG to align all our information and activities to be relevant to students. Our Students have helped immeasurably with our web interface as well helping us to navigate the intricacies of Facebook.

Kirsten Bildfell and Pam Boyer have also been active in participating in recruitment efforts for CHNIG. We also continue to support students through sponsoring them to join RNAO the AGM, attend the national conference and receive educational bursaries.

While we work with our students we also work for them. CHNIG has worked tirelessly to raise the profile of CHN in education and research and to collaborate with others to improve education in Community health nursing

I am truly privileged to work with such passionate and committed CHNs on our executive. Together with our members we are poised to play an important role in Ontario to move Community health nursing issues and health issues forward.

I am truly indebted and honored to have had the opportunity to lead such a knowledgeable, dynamic and dedicated team. I would very much like to thank the CHNIG executive:

President: Katie Dilworth
Past President: Kim Dalla Bona

Treasurer: Annette Sonneveld
Secretary: Debra Williams-Conliffe
Professional Practice – Public Health: Audrey Danaher
Professional Practice – Home Health: Karen Thompson
Communications – Website: Susan Tam
Communications – Newsletter: Zonica Vujnic
Research & Education: Barbara Kennedy
Members Benefit: Samantha Thomson
Political Action: Leanne Siracusa
Member-at-Large (OPHA): Jennifer Tonn
Member-at-Large (de Souza): Joanne Crawford
Student Representatives: Kirsten Bildfell, Pam Boyer

I encourage all members to become involved by contacting our executive members with comments, suggestions or ideas or by adding your expertise our workgroup.

Respectfully submitted,

Katie Dilworth

TREASURER'S REPORT – April 2011

I am pleased to report that we continue to be in a strong financial position.

In June 2010, CHNIG and CHNC co-hosted the 4th National Community Health Nurses Conference here in Toronto. It was a great success! In October, CHNIG was fully refunded the \$11,620.00 start-up funds (contributed over 2 years) and received our share of the profit of \$12,126.95. This success is attributed to the hard work of our conference planners Absolute Events, and the National conference planning committees including many of the current CHNIG executive.

Major expenditures for last year included the conference, website maintenance, design of the CHNIG logo and complementary promotional materials and the production and design of 2 CHNIG newsletters.

Because of the great success of the conference, this year we are able to increase our education bursary for members, and increase funds available to assist CHNIG members and executive to attend the Halifax conference. In addition, we also have funds available to pay the CHNC fee increase which amounts to almost \$6,000 this year. We have transferred \$10,000 in to our ING Business Investment Saving Account to ensure sustainability of ongoing co-hosting of the annual CHN conference every other year.

Fiscal Year (November 1, 2009 to October 31, 2010)

Deposits - CHNIG Fees	\$36,565.00
Deposit- Profit from Conference	<u>\$12,126.95</u>
Total Income	\$48,691.95

Return of Conference Seed Money \$11,620.00

Total expenses	\$ 42,371.05
Year End Bank Balance (as of October 31, 2010)	\$36,277.64
(includes carry over from previous year)	
ING Business Investment Saving Account Balance	
(as of February 28, 2011)	\$28,902.98

CHNIG is consulting with RNAO and other interest groups about hiring a bookkeeper. The budget is becoming increasingly more complex with the conference budgeting and HST issues. RNAO has recommended a bookkeeper is essential to ensure accountability to CHNIG members and compliance with financial standards.

I would like to thank the CHNIG Finance Committee for its support and guidance throughout the year.

Respectfully submitted

Annette Sonneveld

Detailed activities of the Organization

Please find to follow detailed activity report. CHNIG would be happy to provide further information about any of these issues.

Goal One: To influence health and social policy, taking into consideration the social determinants of health

Objectives

- Advocate for the development of appropriate health and social policy in Ministry Task Force, events and governmental and non-governmental organization initiatives
- Integrate CHN principles in policy response.
- Identify and respond to relevant issues that may affect community health nursing, health and social policy.

Actions

- CHNIG attended the RNAO AGM as voting delegate and all RNAO assembly meetings, providing member voice reports each time.
- The past president participated on CHNC Board of Directors as Ontario Representative.
- CHNIG developed an online survey for input from members regarding political action, policy direction and priority practice issues for our membership. This survey was posted on our website for members to participate in sending us their opinions.
- The President, Katie Dilworth participated in a press conference and interview with CP24 to support a private members bill related to caloric disclosure.
- CHNIG invited Sheryl Bernard (Board member) to our executive meeting in June to discuss issues relevant to community health nursing. At this meeting the new Integrated Client Care Program (ICCP) was discussed and examined for it's impact on home health nursing.
- CHNIG sent two reports to RNAO from Nursing Health Services Research Unit for action. This data has contributed to position statements on Community Health Nursing.
- CHNIG chaired and participated in meetings for an ad-hoc committee to create a national backgrounder and proposed school health nursing resolution to support strengthening Public Health Nursing. This group and the professional practice team also responded to the School Health Services Report Survey individually and contributed to an RNAO response with policy analyst Sara Clemens.
- CHNIG Participated in advocacy and several consultations including:
 - The Ontario Public Health Organizational Standards,
 - OAHPP's Supporting Applied Research and Program Evaluation, Education and Professional Development and knowledge exchange functions in public health Possible program elements Survey,
 - Guidelines for health care workers regarding extreme heat events,
 - CNA's National Professional Regulatory standards,
 - CNA's survey for staff mix framework,
 - RNAO's position statements on both home health nursing and public health nursing.
 - CHNIG executive members are stakeholder reviewers for the new safe sleep BPG.
 - RNAO's response to Bill 141
 - PHAC Hand washing techniques draft.
 - A request from RNAO on a position on Fluoride
 - consultation about the Pascal Report

- CHNIG sent a letter to CNO about inconsistencies in CHN description in CNO renewal info to increase consistency in tracking info about CHN. The letter was also sent to CHNC for them to send to the Association of Nurse Regulators for Canada
- CHNIG sent a letter to accreditation bodies for HH and PH to incorporate HH and PHN competencies into the accreditation process. Both organizations were very receptive and invited CHNIG to participate in process of standard development this winter.
- CHNIG participated in the PHN advisory group to further the issue of public health nursing in Ontario and improve leadership.
- CHNIG continues to work with policy analysts from RNAO and to plan next steps in moving the CHN education resolution forward. CHNIG executive networked with CHN educators in June to discuss community health nursing programs. There are many differences, common concerns which need to be address
- CHNIG continues to work with RNAO re position papers for home health and public health nursing related to Client Centered Care. We have also requested a position paper for CHN.
- CHNIG contributed to a special “Nurses Week” insert in Hamilton Spectator newspaper describing the anti-poverty advocacy of RNAO – Hamilton Chapter and CHNIG.
- CHNIG participated in political activities including
 - “Breakfast with Senator Art Eggleton, regarding the national strategy on poverty reduction.
 - A press conference with Hamilton East MPP Paul Miller and rally at Queens Park urging the provincial government to discontinue to claw backs to Ontario Child Benefit for families on social assistance.
 - 25 in 5 Network meetings with coalition of anti-poverty groups
 - Collaboration with Association of Social Workers of Ontario (ASWO)
 - Endorsement for ASWO letter denouncing Ontario Child Benefit inequities.
 - Living Wage" forum
 - Attended Nursing Students of Ontario event focused on poverty.
 - Met with Hamilton Central MPP Andrea Horwath
 - Queens Park day
 - Planning all-candidates meeting
 - Attended the March 14 showing and discussion of the film “Home Safe Hamilton”
 - Meeting with Common Campaign Coalition partners
 - Participated in Open Mic forum sponsored by Federal Liberal Leader Michael Ignatieff on March 17.
- The CHNIG OPHA representative participated in the OPHA advocacy committee activities related to the development of key messages for the provincial election with a focus on key public health issues including the social determinants of health.
- CHNIG OPHA representative participated with OPHA in advocacy through a media release, during national non-smoking week, for the provincial government to take action on the recommendations made by The Tobacco Strategy Advisory Group.
- CHNIG advocated for the continuation of programs and policies important health and social policy during the OPHA Ed transition.
- The OPHA representative participated in the Ontario Chronic Disease prevention alliance representing OPHA – advocating for healthy public policy and issues related to the health of Ontarians.
- The CHNIG OPHS representative participated in OPHA advocacy committee activities related to the development of key messages for the provincial election with a focus on key public health issues including the social determinants of health.

- The CHNIG OPHS representative participated in OPHA advocacy through a media release, during national non-smoking week, for the provincial government to take action on the recommendations made by The Tobacco Strategy Advisory Group.
- The CHNIG OPHS representative Participation on the Ontario Chronic Disease prevention alliance representing OPHA – advocating for healthy public policy and issues related to the health of Ontarians.
- CHNIG contributed to a report to the ministry of health about the Nursing survey re H1N1
- CHNIG solicited CHNIG members to participate in the focus groups relating to the new Safe sleep Best practice guideline to be developed by RNAO.
- CHNIG collaborated with CHNC on presentation of a pre-conference session on social justice gauge and advocacy.
- CHNIG executive participated in being a judge for the RNAO's health-care reporting awards that will be presented at this year's AGM banquet dinner.

Goal Two: To build capacity in Community Health Nurses.

Objectives

- Participate in conference planning.
- Explore opportunities to support preceptorship in CHN.
- Develop HH competencies.
- Disseminate relevant research to CHNs.
- Explore the feasibility, value and appropriateness of current RNAO Foundation: HH Orientation.
- Promote uptake of evidence-informed practice.
- Provide funding opportunities for education, program evaluation and research initiatives (Nurse Members).
- Assist CHNs to meet competency and certification requirements and standards.

Actions

- CHNIG executive members participated within Marketing Committee, Finance Committee, Program committees and Hospitality committee for 4th National CHN conference in Toronto. Katie Dilworth Co-chaired this successful conference. CHNIG executive members have continued to support this conference in Halifax this year participating in the Marketing, Program and Annette Sonneveld is again on the Finance committee.
- CHNIG executive members have worked with CNO to develop new competencies re RNs with a focus on socio environmental approach to health and care. This group has developed competencies for the national certification with CNA.
- CHNIG OPHA liaison participated in program planning committee for the Ontario Public Health Convention, advocating for and supporting the inclusion of issues related to healthy public policy development and public health nursing. The CHNIG president collaborated with the PHN advisory group to plan and deliver a pre-conference session at this convention.
- CHNIG members on the PHN advisory group are working with the Ontario Agency for Health Protection and Promotion to plan professional development for PHNs in the future.
- CHNIG executive participated in the development and dissemination planning of the CHNC HH Competencies.
- Members of the CHNIG executive have been participating in redesigning our website this year. The new site has been revised and reorganized to make it more user friendly and useful for members.

- Members of the CHNIG executive have collaborated with RNAO and CHNIG past presidents to create a history document about CHNIG. This was used at the OPHA conference and posted on the CHNIG website.
- Members of the CHNIG executive have reviewed abstracts for Knowledge, the Power of Nursing Conference, the TOPHC conference and the upcoming CHNC conference.
- CHNIG president was interviewed for RN journal about media opportunities and how best to use them.
- CHNIG met with provincial CHN leaders and ANDSOOHA members in the PHN advisory group to advocate for a Senior Nurse in each health unit and create a network for these leaders.
- CHNIG has designed a professional development survey for our members to solicit their ideas and support for professional development. This survey has been sent to members in two emails and two newsletters
- The president of CHNIG spoke at the London Middlesex HU all nurses meeting in Oct, 2010 about the connections between standards and competencies and the relationship between the CNO competencies and PHN competencies.
- CHNIG has developed a partnership with de Souza Institute and planned a professional development event for our members. Unfortunately this event had to be canceled due to low enrollment and will be rescheduled in the fall.
- CHNIG president presented at the PHN summit re the skills of Public Health Nurses.
- CHNIG promoted the CNA Certification Program with members.
- CHNIG research and education member worked with RNAO, educators, CHN, using CASN community health nursing guidelines to clinical placements to assist in implementing these within nursing programs.
- CHNIG collaborated with RNFOO to transfer our education and research awards to RNFOO to administer.
- The CHNIG research and education member participated in developing new competencies for community health nursing certification exam. This member also assisted in preparation for the workshop for community health nurses which would increase the foundational knowledge of practice principles of CHN, and was involved in abstract submission for 5th CHN National Conference re strategies to improve educational CHN opportunities.
- CHNIG participated in the network of affiliates with the National Collaborating Center for Methods and Tools.
- CHNIG transferred two practice pages (recently revised) into new 'Practice Profile' templates from RNAO. These documents describe the role of home health nurses and public health nurses and are helpful to nurses who are contemplating a career in community health nursing. The new template will ensure consistency in these profile descriptions on the RNAO website.
- The professional practice team invited the CNO to talk about the components of the QA program.
- CHNIG is participating in the Public Health Knowledge Translation Network looking at evidence informed public health and knowledge translation to support public health practice
- CHNIG is participating in planning professional development for PHNs with OAHPP and assisted with recruitment for a front line PHN to participate in the committee to plan how the agency could support PHN professional development.

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

Objectives:

- 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.

Actions

- CHNIG participated within the National CHNC Political Action and Advocacy committee. The committee is working on several projects including a blueprint for action and environmental health preconference session in May at the CHNC conference
- CHNIG collaborated with accreditation bodies about incorporation of the new public health and home health nursing competencies in sending a letter and participating in a meeting. CHNIG has been invited to help with standard development for both HH and PH nursing.
- CHNIG participated in a teleconference with NurseInsure to determine if professional development for members would be helpful.
- CHNIG sent a letter to the College of Nurses of Ontario about clarifying inconsistencies in the CIHI data used to describe the Canadian Community nursing workforce making planning for the future difficult. This important issue was identified in a recent study on CHNs (Underwood et al 2009) and is critical to future planning for Community Health Nursing as the CNA suggests 60% of nursing will occur in the community in the future.
- CHNIG participated with a provincial group to improve school nursing resources and advocated the skills of PHNs in schools. RNAO has included this advocacy in their new political platform. Work continues with CHNIG members to further this issue.
- CHNIG participated in revision of Professional Practice Model for Canadian Community Health Nurses by attending meetings and participating in Web surveys.
- CHNIG participated in a consultation of the school health services review.
- CHNIG executive are active at the RNAO assembly meetings and have spoken at each one about CHNIG activities and concerns.
- CHNIG participated in PHN advisory meetings where documents were developed to strengthen efforts to ensure a CNO is in each HU in Ontario and Nursing Practice Councils exist. Recently the requirement for a CNO in each health unit has been incorporated in the Ontario Public Health Standards.
- CHNIG created practice profiles for both HH and PH nursing.
- CHNIG president was interviewed by Rogers daytime TV to discuss the role of Public Health Nurses and issues they face.
- CHNIG research and education member working to raise the profile of CHN education in undergraduate programs. Meetings have allowed educators to express concerns about the continued undervaluing of CHN education. Looking at ways to network and communicate and create comparable curricula in undergraduate programs.
- CHNIG circulated information about the Board of Directors position of the Ontario Agency for Health Protection and Promotion (OAHPP) to CHNIG members.
- CHNIG is working with RNAO to encourage more CHN career profiles. Have requested several in all areas of CHN. Will collaborate with RNAO in the next year to provide information and nurses to profile.
- CHNIG chaired a working group to review RNAO HH orientation on the RNAO website.

- The CHNIG OPHA representative continues to promote and discuss CHNIG at OPHA Board Meetings. CHNIG attends CS Presidents/Reps Meetings at OPHA Office and contributes to CHNIG priorities and advocacy.
- CHNIG has promoted and identified issues importance to nursing at OPHA Board Meetings, including action on the TSAG report, supporting and recognizing the role of the Ontario Agency for Health Protection and Promotion including: Public Health Nursing Summit, the disbanding of PHRED, and the inclusion of Public Health Nursing representation at the Ontario Agency for Health Protection and Promotion.
- Concerns were raised re) role of Health Promotions Officer in PHU and the conflict it could create with role of PH Nurse.
- Concerns were raised about lack of reference to community health nurses in CNO standards on Infection Prevention & Control and Ethics for the Quality Assurance Program. Invited Myra Kreick (CNO) to the next meeting.

Goal Four: To promote, engage and maximize membership in CHNIG.

Objectives:

- Market CHNIG to members and potential members; improve marketing strategies
- 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%.

Actions

- Last year CHNIG worked with RNAO to design a new logo and promotional materials for CHNIG. This new logo is being used on all CHNIG correspondence and presentations.
- CHNIG has now designed a new brochure and pins that are available at the AGM.
- CHNIG has been present at several conferences this year including CHNC, TB update conference, RNAO excellence conference and the RNAO AGM.
- All members are sent emails monthly with CHNIG news. Extra emails have been sent when special consultations, professional development opportunities and events occur.
- CHNIG has sent two newsletters this year to members.
- Sent an email to lapsed members, and mail to those without email addresses about lapsed membership with the new '7 reasons to join CHNIG'.
- The CHNIG display was taken to several Nursing week events including Toronto Public Health.
- CHNIG president presented at RNAO assembly meeting Interest group meeting about CHNIG.
- The CHNIG website is updated continually featuring information relevant to CHNs.
- CHNIG Professional Development bursaries have been provided in 2010 and will be again in 2011.
- CHNIG actively recruited members this year and surpassed targets with a total number of members of 1748 (including students). Contributing activities include:
 - A 'seven reasons to join CHNIG' document distributed
 - Two communications were sent to lapsed members by email and post mail

- CHNIG redesigned their logo and website to enhance communication with members. Response to the website has been very positive.
- CHNIG created a new display, new bookmarks and flyers for recruitment purposes.

Goal Five: To promote, engage, and maximize student involvement in community health nursing and CHNIG.

Objectives:

- Engage nursing students in CHNIG and community health nursing (undergraduate/student members).
- Collaborate with key stakeholders.
- Support student involvement within the CHNIG executive.

Actions

- CHNIG has been fortunate to have two student members on our executive this year. Both have been active in voicing the concerns and perspective of students and helping CHNIG to align all our information and activities to be relevant to students. Both have also been active in participating in recruitment efforts for CHNIG.
- CHNIG continues to support students through sponsoring students to join RNAO AGM, attend the national conference and receive educational bursaries.
- CHNIG continues to support 50 Student memberships in RNAO through a 500.00 donation.
- CHNIG students collaborated with Hamilton Chapter Student Representatives to plan and execute membership recruitment fair and CHNIG booth. They also participated in events at McMaster and York. At one of the York events Cathy Crowe was the guest speaker.
- CHNIG contributed to the CHNC conference last June by facilitating a break out session related to the innovative service learning approach to preparing nursing students for community practice.
- CHNIG students created content for new student WebPages, including directions on how to join CHNIG and why this is beneficial for students.
- CHNIG students created our facebook page and helped to ensure its content was relevant and timely for students. Students also helped with the CHNIG webpage.
- CHNIG linked with NSO president about CHNIG membership and involvement in the executive. This helped with student recruitment.
- CHNIG encouraged student member to participate in conference sub committees.
- CHNIG distributed t-shirts to be used for promotion to student members and executive members who had university connections.
- CHNIG circulated information on an award for graduate students involved in knowledge translation (KT) in public health in Canada.
- CHNIG collaborated with RNAO, other educators to raise the profile of CHN in education and research.
- CHNIG provided information to nursing students on placement re: CHNIG and public health nursing resources and supports.

Community Health Nurses of Canada Report

**Community Health Nurses Initiatives Group
Annual General Meeting
April 17, 2010
8:00 am - 11:00 am**

Minutes

AGM Business Meeting

1. Welcome/Recognition of Honoured Guests

Welcome: President Kim Dalla Bona acknowledgement of CHNIG Past Presidents: Barb Mildon, Marlene Slepkov, Joyce Fox, Ruth Schofield; Past Executive members: Helen Tindale, Lorraine Telford; RNAO Past President: Joan Lesmond; RNAO President: David McNeil

2. Approval of Agenda

Moved to accept agenda: Joyce Fox; Seconded: Leanne Siracusa. Motion carried.

3. Approval of Minutes of 2009 AGM

Moved to accept minutes: Joyce Fox; Seconded: Leanne Siracusa. Motion carried.

4. President's Report and Member Questions

Kim Dalla Bona gave her president's report as outlined in this year's Annual Report and acknowledged the dedication and commitment of the 2009-2010 CHNIG executive.

Highlights: The CHNIG executive revised the organizations Goals & Objectives and provided examples of activities undertaken by executive team members; opportunity for a public health nursing leader to fill a member-at-large position at the OAHPP board; 1st Public Health Summit to take place Apr. 28th; new marketing materials; communication strategies (e.g., Facebook page).

Katie Dilworth (President Elect) discussed upcoming 4th Annual Community Health Nurses of Canada conference June 16-18th at the Sheraton Centre in Toronto. CHNIG is partnering with CHNC to host the conference. CHNIG members are invited and encouraged to attend.

Motion to accept President's Report: Marlene Slepkov; Seconded: Leanne Siracusa. Motion carried.

5. Treasurer's Report

Annette Sonneveld reviewed the financial report for November 1, 2008 to October 31, 2009. Katie acknowledged Annette's efforts as Treasurer of CHNIG and also on finance committee for CHNC conference.

Motion to accept Treasurer's Report: Lorraine Telford; Seconded by Jennifer Tonn. Motion Carried.

6. Business Arising:

a. National Conference

In response to member question, discussed that CHNC conference does not conflict with the G20 Summit, which will start June 27th in Toronto (G8 summit starts on June 25th). The OACCAC conference is impacted.

b. Membership fees

Per the bylaws, any changes in membership fees needs to be announced 30 days prior to the AGM. Membership fees will likely come forward at the next AGM. CHNC membership is included as part of current CHNC membership. Currently, CHNIG pays CHNC \$1 p (students do not pay membership in CHNC). For members across Canada (outside of Ontario and Alberta), current membership fees are \$40/member. At CHNC AGM there will be a proposed increase to CHNC group memberships from \$1/member to \$4/member with increasing rates to up to 20.00 per member over the next few years. CHNIG anticipates that this will impact CHNIG membership fees. The estimated annual fee for CHNIG would thereby increase to ~\$35 or \$40. This has not yet been voted on through the CHNC membership but may be at their AGM in June 2010. If the CHNC fees increase, CHNIG membership fees would either need to be increased or relationship with CHNC would need to be re-evaluated. A discussion on increased CHNIG fees will occur at the April 2011 CHNIG AGM. The other option would be for individuals to have an individual membership in CHNC.

Encouragement for CHNIG members to attend the CHNC AGM to learn more about the issue. If the fee increase is approved a request for a graduated increase could occur (until fee increase can be approved at the CHNIG 2011 AGM). Several members acknowledged the importance of maintaining a relationship with the national organization in considering any decision-making related to membership fees.

c. Presentation of Awards

i. Professional Development Awards

CHNIG decided to provide professional development bursaries again this year to support CHNIG members to attend the CHNC national conference. Awards were for travel and accommodation to help members to attend the conference. Winners of this award include Jen Vickers Manzin and Dana Boyd. CHNIG executive decided to reserve some funds within professional development budget to provide another professional development offering (i.e., by webinar) available to all members in the future.

Lorraine Telford suggested exploring use of OntarioTelehealth Network (OTN) as an alternative for future CHNIG educational offerings. Each health department has this equipment available. Member question: Does CHNIG cover bursaries for CHN certification? RNAO Nursing Education Initiative funding and CHNC both have funding to support CHNs in studying for certification.

ii. CHNIG Research Award

Barbara Kennedy (Research & Education Leader) presented research award to Shelley Walkerly who is currently working on her PhD related to evidence-based nursing.

iii. CHNIG Educational Bursary Awards

Educational bursaries provided to Adele Lane (CDC Peel Public Health) MPH at U of Waterloo and . Barbara Chyssy MSc (at University of Toronto).

d. CHNC report

Kim provided some key highlights of CHNC's work over the last year:

- CHNC has completed a project to develop Home Health Competencies, which will be released at CHNC conference in June
- CHNC is in process of completing Synthesis Report that includes a number of reports completed through CHNC over the last number of years. This synthesis report consolidated these reports with emergent themes and recommendations.
- Vision Statement and Definition document finalized and released to key CHN textbooks under revision.

- CHNIG members participate in Political Action and Advocacy Group at CHNC, including work with CNA
- Update of Green Book in collaboration with PHAC
- Funds to revise CHN Standards of Practice and Model within Standards, which will be revised over the upcoming year

Motion to accept CHNC report: Barb Mildon; Seconded by Bea McDonough. Motion carried.

e. Presentation and thank you to departing Executive Team members:

Kim thanked Cori Watson, Beatrice McDonough, Gloria Morris, Rebecca Ganann for their tremendous work over the past several years for CHNIG

f. Nominations:

Member-at-Large: Ontario Public Health Association Representative (acclaimed)

Secretary (election held)

Communications: Newsletter (acclaimed)

Communications: Website (acclaimed)

Professional Practice: Home Health (acclaimed)

g. Introduction of President and 2009-2010 Executive

President: Katie Dilworth

Past President: Kim Dalla Bona

Treasurer: Annette Sonneveld

Secretary: Debra Williams-Conliffe (elected)

Professional Practice – Public Health: Jennifer Tonn

Professional Practice – Home Health: Karen Thompson (acclaimed)

Communications – Website: Susan Tam (acclaimed)

Communications – Newsletter: Zonica Vujnic (acclaimed)

Research & Education: Barbara Kennedy

Members Benefit: Samantha Thomson

Political Action: Leanne Siracusa

Member-at-Large (OPHA): Joanne Crawford (acclaimed)

Student Representatives: Kirsten Bildfell, Pam Boyer

Motion to accept 2010-2011 Executive: Lorraine Telford; Seconded by Helen Tindale. Motion carried.

h. Member voices

Helen Tindale thanked Kim and the CHNIG Executive on behalf of the membership for the work that goes into the AGM and CHNIG initiatives over the year. Absent from Dalton McGuinty's speech yesterday was recognition of contributions of public health and home health nurses. Helen suggested the potential for CHNIG to formally respond to Dalton McGuinty's speech and, more broadly, a lack of community health nursing concern from the politicians. There are a number of groups that need to be targeted.

Lorraine Telford stated that "it is time to grapple with how the health care system is organized" and Dalton's talk about "changing the how" really speaks to the need to shift to prevention and health promotion. It will be important to re-engage in priorities regarding the need for system (and \$\$) shift.

Ruth Schofield also acknowledged the progress that has been made but emphasized the need for increased recognition of community health nursing within the health care system.

3.0 Guest Speakers

Barb Mildon PhD (c)

Barb Mildon spoke about her PhD research project: The Concept of Home Care Nursing Workload: Analysis and Implications. Home Health nurses are invited to participate through a variety of ways. Contact Barb Mildon for further information (barbara.mildon@utoronto.ca).

Louise Wilson: Supervisor, Healthy Lifestyle Team Simcoe Muskoka District Health Unit

Louise Wilson spoke about her work related to the RNAO Smoking Cessation Champions Project: Integrating Smoking cessation into Daily Nursing Practice.

4.0 Adjournment: Adjournment occurred at 11 am.