



The **VOICE** for community health nurses in Ontario!

Annual General Meeting

April 18, 2015

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.



Speaking out for nursing. Speaking out for health.

Community Health Nurses' Initiatives Group
Annual General Meeting
April 18, 2015
8:00 am - 11:00 am

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**Community Health Nurses Initiatives Group
Annual General Meeting
April 18, 2015
8:00 am - 11:00 am
Agenda**

- 8:00 1.0 Breakfast and Registration
- 8:30 2.0 AGM Business
- 2.1 Welcome
 - 2.2 Approval of Agenda
 - 2.3 Approval of Minutes of 2014 AGM
 - 2.4 President's Report and Member Questions
 - 2.5 Treasurer's Report
 - 2.6 Business Arising:
 - 2.6.1 Presentation of CHNIG Research and Educational Awards
Administered by RNFOO
 - 2.6.1.1 CHNIG Research Awards
 - 2.6.1.2 CHNIG Educational Bursary Awards
 - 2.6.2 CHNC Report
 - 2.6.3 Presentation of Professional Development awards
 - 2.6.4 Presentation of Seed Award
 - 2.6.5 CHNIG Social Media Plan and Video
 - 2.7 Presentation and thank you to departing Board members
 - 2.8 Nominations and elections
 - 2.9 Introduction of President Elect and 2015-2016 Board
 - 2.10 Introduction to new CHNIG promotional video and future social media marketing
- 3.0 Member voices
- 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 35 years of advocacy and leadership for community health nursing in Ontario. As I enter my second year term as President of CHNIG, I look forward to continuing to work with the CHNIG board: a dedicated, energetic and enthusiastic group of community health nurses, to address issues affecting the community sector. It is a time of change within our sector so now more than ever CHNIG must ensure it is positioned to consult with members and be the strong VOICE for community health nursing in Ontario.

The board has again been very busy in 2015; particularly in consultations related to scope of practice, palliative care, community health curriculum in schools of nursing, end of life care discussions and is planning a social media campaign to increase profile of Community Health Nurses (CHNs).

CHNIG continues to surpass our membership rates year after year, and our student membership has increased substantially. As of February 2015 we have 2436 (2281 Feb 2014) members with 1182 RN members and 1254 student members. We are expected to add 153 more members to reach RNAO's membership target growth goal of an 8.5 % increase. Of concern is a drop in RN members of CHNIG by 247 since October 2014. The good news is we have increased our student membership by 317.

As CHNIG moves into 2015 we will be looking for ways to increase communication with our members via social media and our website. An innovative idea that has been considered is a "Dear CHNIG" Question and Answer type column for the CHNIG newsletter where members send in concerns or questions about practice and the CHNIG board or members provide responses. This may need to be done confidentially depending on the nature of the question.

The Board of Directors has worked diligently to meet the CHNIG goals and objectives. The Board represents a cross-section of community health nurses from across Ontario, representing home health, public health, and primary care, education, research, management and nursing leadership. Each Director's unique focus and expertise contributes to the strength of our organization.

There are several CHNIG subcommittees supporting the achievement of our goals: professional practice team, the political action team, the communications team, and the professional development team.

CHNIG supports an ad-hoc School Health Team Lead by the CHNIG Board of Directors, these nurses have worked extremely hard this year revising the *school health white paper*, developing an evidence paper to show support for school health nurses and developing and a resolution for the RNAO 2015 AGM to influence practice and research for school health nurses.

The CHNIG Board continues to be committed to supporting its national organizations; CNA and CHNC. Members are encouraged to continue to maintain membership to both organizations to ensure a strong national voice for community health nurses. Moving into 2016 CHNIG members will be required to join both CNA and CHNC of their own accord. CHNIG will endeavor to encourage members to do so using the promotional tools available.

The Board is actively involved in dialogue and consultation with the RNAO and participated in Assembly Meetings, Queens Park Day and Queens Park on the Road.

The CHNIG Board has worked hard to maintain the VOICE of community health nurses in Ontario. Times are changing; roles and technology are changing rapidly which makes the work of the board more complex every year. More consultations will occur with membership in the coming months to ensure member VOICES are heard at all levels of government and at the RNAO board table.

My sincere thanks go out to each Director and all of the CHNIG volunteers whose determination, patience and persistence influence decisions effecting community health nursing.

I want to thank Jennifer Bouwmeester, past president for her support in the past year and wish her all the best in her next great adventures as she transitions of the CHNIG board in 2015.

I look forward with excitement to working with the new CHNIG board in 2015, and I am confident that the new Directors will be up to the job of addressing the challenges and change facing community health nurses.

I would very much like to thank the current CHNIG Board:



President: Cindy Baker-Barill RN, BNSc



Past President: Jennifer Bouwmeester, RN, BScN, CCHC(C)



Treasurer: May Tao, RN, BScN



Secretary: Krisel Abulencia RN, BScN



Communications Electronic– Susan Tam, RN, BScN, MScN CCHN(C)



Communications Newsletter – Randie Gregoire RN, BScN



Research & Education and Professional Development:

Joanne Crawford RN, BScN, CON(C), MScN, PhD (Candidate) and



Sofie Wilcox, RN, BScN



Members Benefit: Barbara Kennedy RN, BScN, MNEd, CCHN(C)



Professional Practice Home Health: Karen Thompson RN, BScN, MEd, CCHN(C)



Professional Practice Public Health: Nicolette Slovitt, RN, BA, BScN, MScN, CCHN(C)



Political Action: Trudy Mulder-Hall RN, BNSc



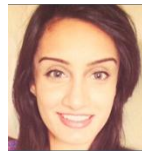
Member-at-Large OPHA: Karen Ellis-Scharfenberg, RN, BScN, MBA

Student Affiliate Members:

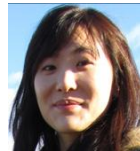
Anthony Agam



Harshdeep Hehar



Linna Feng



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

Respectfully submitted,

Cindy Baker-Barill, RN BNSc

Treasurer's Report- CHNIG AGM: April 18, 2015
Respectfully submitted by May Tao

Financial Year (November 1, 2013 to October 31, 2014)	
Carryover October 31, 2013 ^(a)	\$27,029.75
Revenues	
CHNIG Membership Fees ^(b)	\$64,332.51
Total Revenues^(a+b=c)	\$94,391.49
Expenses	
Total Expenses (Nov. 1, 2013-October 31, 2014)^d	\$72,983.64
Projected Surplus^(e=c-d)	\$21,407.85
Reserve Fund	
Tangerine (ING Direct) Business Investment Saving Account	\$30,058.98

CHNIG remains to be in an excellent financial position in 2013-2014. We continue to provide four \$1,500 RNFOO awards, a \$500 seed grant initiative, and ten \$1,000 awards to assist CHNIG members to attend the National Community Health Nurses Conference (CHNC) conference in Ottawa. Our bookkeeper continues to handle our budget, complete and file our HST remittance and corporation income tax return.

Starting in 2016, CHNIG will no longer pay a group membership fee to CHNC. The CHNC group membership fee is around \$20,000 per year. As a result of the CHNC decision, CHNIG executives decided to explore the decrease of our membership fee. Our membership has recently dropped to 1182 members. With the decrease in membership, and the maintenance of a yearly cash flow of \$10,000, CHNIG board decided to stay with the same membership fee scale of \$45; and reassess the status of membership fee on a yearly basis.

We continued to have our separate Tangerine account (ING Direct before Jan, 2014). With the expenses from being incorporated, the drop in membership, and the change of the CHNC membership fee structure, the CHNIG board decided to keep this account as our reserve fund; and will reassess the need of this account in a yearly basis.

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

Detailed Activities of the Organization

The following is our detailed activity report. CHNIG would be happy to provide further information about any of these issues.

Goal One: To influence health and social policy

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.

Activities:

- CHNIG participated in several events that influenced policy decisions this year. These include: CHNC Board membership and participation on CNHC Conference Standing Committee, Membership fees Working Group, Mental Health Nurses in Schools Reference Group and School Health Working Group.
- Attended September and February Interest Group Chairs meeting and Assembly meeting
- Attended Queens Park Day and had breakfast with MPP Jim Wilson, official leader of the opposition to advocate key nursing issues.
- Members participated in Queen's Park on the Road. Working with Policy department at Home office to support Queen's Park on The Road events. Chaired a meeting in partnership with CCAC staff member and Student with the new liberal MPP, Ann Hogarth, in October.
- Newsletter insert written related to the new Making Healthier Choices Act and the new Smoke-Free Ontario regulations.
- Reviewed and provided input into the Primary Care Performance Measure Indicators to help identify the Top 12' priority system-level indicators.
- Participated in RNAO CEO discussion teleconferences.
- Continue to follow up and provide support to promote CNA membership in Ontario, working with concerned members from Ontario, the CNA executive and the RNAO to ensure continued active membership in CNA
- On national network: Community Health Workers (CHW) Network Of Canada. Discussion: Environmental Scan of CHWs in BC and ON. Evaluation questions related to the role of the Community Health Broker (another term used for Community Health Advisor, Peer health educator, Lay health educator, etc. These are individuals from the community who work with Public Health Nurses or other Public Health or Primary Care staff to promote outreach within their community – more so for chronic disease prevention within organizations).
- Member of the National Community Health Nurse Educators' Group. CASN has agreed to have a Community Health Nursing Educator's Group to assist in the continuing

development of CHN education.

- Involved in monthly teleconference with Doris and other Political Action representatives across Ontario.
- Participated in webinar discussions facilitated by RNAO on end of life care

The School Health workgroup submitted a ***Resolution to 2015 RNAO AGM: THEREFORE BE IT RESOLVED that RNAO lobby the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Education (EDU), the Ministry of Children and Youth Services (MCYS) and others, to pilot the placement of school-based public health nurses working to their full scope of practice and to collect Ontario data on health and academic outcomes associated with this level of service delivery in pilot schools.***

- OPHA Annual Conference (Fall Forum) occurred November 12, 2014. Conference theme was “Taking the Lead; Advancing Public Health Leadership”. Board member moderated a panel presentation titled “Public Health Leadership; How is it Different? Many abstracts accepted for the conference as poster presentations or oral papers within concurrent sessions showcased evidence-based nursing leadership within public health. CHNIG had membership on the conference planning committee as well as exhibitor presence at the conference. CHNIG as a Society Member of OPHA has a member on the OPHA Board of Directors. OPHA has enhanced its communications to its membership (which includes nurses) to provide more frequent information re: research in public health issues.
- Met with health promotion committee to plan health promotion series for 2014-15. The number of presentations will be decreased but will continue to be offered to all nurses.
- Met with the National Educators Group at the National Community Health Nurses Conference. Great deal of concern of the impact of NCLEX exam on the education of nurses in undergraduate level. Many programs are cutting the community nursing courses down in length, time and opportunity for clinical practice. Undervaluing of community practice continues and has been exaggerated by this decision.
- Highlighting in the CHNIG Newsletter relevant news stories related to community health nursing to increase awareness of current issues and changes in the field.
- In recent professional practice meetings (late June and September) the issue of utilization of RPNs has been discussed – Some questions are arising around the role of the RN and RPN. Is it a case of increasing roles and responsibilities for PSWs and RPNs as a cost cutting strategy?

Goal Two: To build capacity in Community Health Nurses and CHN Leadership.

Objectives

- 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 (Nurse Members).
- Assist CHNs to meet competency and certification requirements and standards.

Activities:

- CHNIG director is the Chair of the Conference Standing Committee for the CHNC Conference 2015 in Winnipeg, also sitting on the Program Committee. Actively engaged in all areas of planning for the conference. Members attended in person planning meeting to create program for 2015 conference. Participating in the Marketing and Sponsorship Conference Planning Committee – assisting in social media and creation of YouTube Channel for sharing promotional media.
- Met with RNAO South Simcoe Chapter to connect, share social media suggestions from CHNIG experience, and make contacts with local community. Will share events etc. on Social media sites
- Member of the CHNC Board and membership fees working group, providing support to CHNC Board as they move forward with dissolving group membership. Sent proposal to the CHNIG Board for consideration at last Board meeting for the first phase of this transition, which was approved. Working with CHNC and CHNIG to transition to individual CHNC membership and end of group membership effective 2016
- Disseminated and provided input into the Public Health Practice Profile for posting on the RNAO Nursing Career section of their website.
- Member of CASTLE network an evaluation workgroup. Continue to work on Community Health Broker journal analyses with additional data from last 6 months of journals.
- Project Lead for RNAO Smoking Cessation Implementation Site 2013-2015 at Brock University. RNAO webinar held on November 19, 2015: “Utilizing the Nursing Faculty Education Guide (NFEG) to Incorporate Smoking Cessation Best Practices into Nursing Curriculum”. Research Ethics Board application and approval obtained for pre and post evaluation of smoking cessation presentation with 3 month and 6 month follow up online survey. Student Champion workshop organized for fall. Three month survey disseminated to clinical instructors – survey closed on Jan 16, 2015. January 21, 2015: Met with director of standardized patient program. Planning for sustainability of smoking cessation education in curriculum through development of standardized patient scenarios with undergraduate nursing students. Abstract accepted to share findings from this initiative nationally at the CHNC conference.
- Professional Practice meetings are co-chaired by board members and regularly held for CHNIG members. This group meets regularly to provide opportunities for community nurses to voice any concerns or practice issues from across the province. New members are needed.
- CHNIG continues to support members financially. Ten members, RNs and students were supported to attend the National Conference in Ottawa.
- Advertising current learning events and awards and bursaries.

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.

Activities:

- Worked with school health committee to develop resolution for the AGM in April 2015 (see goal one).
- Board members post events, news, professional development opportunities on Facebook Page, Twitter Page, and website.
- Governance Committee continues to work on board policy development.
- Health Assessment Course: Discuss the value of health assessment in terms of specific community health nurses in practice, such as primary care or home health.
- Attended and participated in National Conference in Ottawa. Information about the varied roles and settings CHNs work in. Working with the national educators group of CHNs to form a group to work more closely with CASN to continue to maintain CHN education as an integral part of undergraduate education.
- During outreach work at TPH opportunities are available to describe the role of CHN's.
- Participated as a key stakeholder review for the RNAO BPG on Elder Abuse, and provided input as a community health nurse currently working with older adults and seniors.
- Attended the 2014 RPNAO Role Clarity Symposium (September 26) to learn about the recent survey/research completed and to gain an understanding of the factors that support or hinder the appropriate utilization of RPNs working to full scope of practice as members of the inter-professional team.

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

Objectives:

- Market CHNIG to members and potential members
- Identify and respond to the needs of CHNIG members.
- Provide 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%.

Activities:

- Supporting the dissemination and promotion of the CHNIG brand by developing a Social Media and Marketing working group. Exploring ways to promote role of community health nursing on line including recruitment to CHNIG as part of YouTube clips. This new committee met to develop social media campaign and explore questions for YouTube videos about Community Health Nursing. Arranged for students to attend next board meeting to do the filming. First video finished for release at AGM.
- Actively recruited members of the new CHNIG Board of Directors.
- Board member nominated Joyce Fox for Lifetime membership to CNHC and OPHA

- Regularly respond to member questions and requests received through the CHNIG website and directly to email.
- Regularly posting on the CHNIG Facebook and Twitter page, responding to emails from members, and disseminated summer and winter newsletters to members.
- Setup and staffed CHNIG booth at RNAO AGM.
- CHNIG / de Souza / CHNC quarterly Health Promotion seminars planning for 2014-2015 has been challenging this year. As a result, CHNIG is reviewing ongoing approaches to supporting membership in professional development including webinars, newsletter links to hot topics, one day in person workshop at a central location(which could become the next years archived webinars)

Webinars included:

- **Toronto Bed Bug Project now called the Toronto Bed Bug Initiative, January, 2014** with Alicia Lowe-Downes B.A.Sc., B.Sc., CPHI(C) C.OHS, Public Health Inspector, Toronto Public Health Bed Bug Control Initiative
As part of this multidisciplinary team which consists of 6 Public Health Inspectors and 3 Public health Nurses were able to assist the City's most vulnerable citizen's deal with their bed bug issue.
- **Evidence-based Approaches to Preventing Falls in Older Adults, February 27, 2014,** with Carol Holmes, RN, MN, GNC(C). Carol is the Acting Program Manager for the Long-Term Best Practices Program at the Registered Nurses' Association of Ontario.
- **Canadian Community Health Nursing Professional Practice Model: Using it in Practice, April 17, 2014,** with Ruth Schofield RN, BScN, MSc(T). Ruth has been an Assistant Professor for 14 years in undergraduate community health nursing education. Ruth also has over 23 years of public health nursing practice and administration.
- **Policy and Practice Recommendations for Community Health Nursing, May 29, 2014,** with Diane Doran, RN, PhD, FCAHS, is professor emerita at the University of Toronto
- **It's All About Synergies: Optimizing Role Clarity within the Nursing Intra-professional Team, February 11, 2015,** with Dr. Janet Rush, RN, PhD and Dr. Sara Lankshear, RN, PhD.
- Financial support given to members to attend the annual RNAO and CHNIG AGMs.
- CHNIG continues to support members financially through RNFOO scholarship (4) and awards.
- Financial support given to 9 members to attend CHNC 8th National Conference.
- Member Community Health CNA Mentors for the Certification Specialty Exam responding to inquiries from certification candidates and promoted CHNIG's Health Promotion Seminars as a resource for the preparation of the exams.
- Based on RNAOs statistics, CHNIG has reached its membership target for 2014. CHNIG using strategies such as financial support for events, free memberships, awards and scholarships, inviting students to participate in our activities.
- Promoted the following items on website and Facebook page to engage and maximize RN involvement in CHNIG:
 - Ontario Public Health Association (OPHA) membership renewal information,
 - Save the date for OPHA 2014 Fall Forum
 - CHNIG's Summer Newsletter
 - Public Health Agency of Canada's Online Skills Enhancement
 - CHNC's member survey for revenue sources

- Promote CHNIG within the work place
- Highlight CHNIG awards and bursaries via Newsletter
- Encourage member participation in CHNIG newsletter articles

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

Objectives:

- Engage nursing students in CHNIG and CHN (undergraduate/ student members).
- Collaborate with key stakeholders (e.g., CASN, ANDSOOHA).
- Support student involvement within the CHNIG executive.
- Actively engage with CHN educators to promote CHN inclusion in curriculum.

Activities:

- Engaged students on board as affiliate members and involved in social media planning for CHNIG promotion.
- Regularly respond to student email requests for information on community health nursing and CHNIG.
- Financial support available for nursing students to attend annual RNAO and CHNIG AGMs.
- Encouraging students, through networking opportunities to become involved in CHNIG and RNAO, highlighting benefits of membership.
- Provided funding to support student participation in the 2014 CHNC conference in Ottawa.
- Engaged with students at OPHA fall forum
- Participated in RNAO Special Interest Group Health Fair by setting up CHNIG display: Monday November 3rd 2014 (at McMaster University. Display set up. Discussed community health nursing roles with students.
- Engaged student board members in social media campaign and student section on website.
- CHNIG display at the University of Toronto Nursing career event on October 27th, 2014 to encourage students to become RNAO members while promoting the value of CHNIG membership. Very successful in recruiting students at this event.
- Integrate the role of community health nursing within undergraduate curriculum for 2nd year (Health Assessment).
- Recruited a student from summer Community Health Nursing course to come to the Clinical Instructor workshop held as part of the RNAO Smoking Cessation Implementation Site 2013-2015 initiative at Brock University. She came to speak to clinical instructors and shared her experience with smoking cessation health promotion initiative that she developed for the Heart Investigation Unit. This presentation was well received and provided a great opportunity for the student and instructors learning about diverse setting of health promotion initiative.
- Application process for created for student position on the Board. Had 14 applicants. Decision made to have 3 students this year.

COMMUNITY HEALTH NURSES' INITIATIVES GROUP

MINUTES of a General Meeting of the Members of COMMUNITY HEALTH NURSES' INITIATIVES GROUP (the "Corporation"), held at Toronto on May 3rd 2014, at the hour of 8:30 a.m. (local time).

PRESENT IN PERSON:

Angela de Guzman, Crystal Hepburn, Joyce Fox, Rebecca Harbridge, Judy Jih, Megan Carlone, Anita Tsang-Sit, Jennifer Lum, Barbara Chyzzy, Page Dixon, Leanne Siracusa, Jill Courtemanche, Randie Gregoire, Christine Griffith Seruce, Katie Dilworth, Betty Franklin, Ruth Schofield, Sandra Ntamwemezi, Dana Boyd, Lisa Richter, Fiona Proctor, Susan Tam, Yvette Laforet Fliesser, Lorraine Telford, Claudine Bennett, Nicolette Slovitt, Karen Hilliard, Krisel Abulencia, Karen Thompson, Jennifer Tea, Samantha Cohen, Helen TIndale, Andrea Baumann, Jacklyn McCarthy, May Tao, Karen Ellis-Scharfenberg, Pamela Longworth, Cindy Baker Barill

REGRETS: Joanne Crawford, Melinda Wall, Sofie Pauwels, Trudy Mulder-Hall,

REPRESENTED BY PROXY: none

being a quorum of the Members of the Corporation.

2.0 Jennifer welcomed all to the meeting.

2.1 CHAIR AND SECRETARY

With the consent of the meeting, Jennifer Bouwmeester acted as Chair of the Meeting and, Krisel Abulencia acted as Secretary of the meeting.

Jennifer declared that as notice of the meeting had been given in accordance with the by-laws of the Corporation, and as a quorum of the Members are present in person or represented by proxy, the meeting was duly constituted for the transaction of business.

2.2 Approval of Agenda

Jennifer gave a brief synopsis of the agenda for today listed in the AGM report and called for additions to the agenda.

On motion made by Yvette Laforet-Fliesser, seconded by Leanne Siracusa and duly carried, the following resolution was passed:

Be it resolved that the agenda of the 2014 AGM of CHNIG is approved.

2.3 Approval of Minutes of 2013 AGM

Jennifer gave a brief synopsis of the minutes of the 2013 AGM listed in the AGM report and called for additions to the agenda.

On motion made by Ruth Schofield, seconded by Joyce Fox and duly carried, the following resolution was passed:

Be it resolved that the minutes of the 2013 AGM of CHNIG is approved.

2.4 President's Report and Member Questions

Jennifer Bouwmeester gave her 2014 president's report as presented in the Annual Report. Members were invited to ask questions.

- 35 years of CHNIG leadership and advocacy

- ECCO report – BOD tried to respond to concerns of CHNIG members and questions regarding ECCO 1. CHNIG will continue to commit to engaging with RNAO regarding ECCO.
 - CHNIG will continue to actively promote membership to CNA
 - CHNIG will continue to work on issues of changes to education competencies – lack of skills and competencies related to First Nations and Native Health Nursing.
 - Yvette Laforet-Fliesser asked about details regarding membership increase, and how many of the total members are students.
 - Lorraine Telford concerned about consultation done by RNAO with writing the ECCO – lack of consultation with CHNIG members (lack of endorsement/consultation with). Jen states we are often involved in the advanced revision of RNAO documents/decisions. CHNIG BOD has been trying to stay on top of advances, CHNIG worked hard to make sure we had a voice before ECCO was released.
 - Ruth Schofield notes that issues relevant to interest groups could approach interest group representative Marianne Cochrane.
 - Joyce Fox notes that not everyone sees consultation in the same way – may need to clarify this with RNAO
 - Joyce Fox wondering about availability of BOD minutes/agenda online for interest group transparency. Jody Smith to follow up with Home office regarding updated leadership manuals.
 - Jen updated CHNIG members regarding CHNIG involvement with social media (Facebook/Twitter)
- On motion made by Lorraine Telford, seconded by Leanne Siracusa and duly carried, the following resolution was passed:
Be it resolved that the presidents' report of the 2014 AGM of CHNIG is approved.

2.5 **Treasurer's Report**

May Tao presented her treasurer's report and members were welcomed to ask questions.

- Yvette asked if CHNIG offered seed funding for special projects and if CHNIG BOD would consider offering it.
- May states that there is an opportunity to provide funding for CHNIG members who are CH educators to do education research.
- Donna Boyd – applied for seed grant for professional competence day for Southwest Public Health Nurses and was accepted. Thanked the CHNIG BOD for supporting the event.

After some discussion, and on motion duly made by Helen Tindale, seconded by Yvette Laforet Fliesser and duly carried, the following resolution was passed.

Be it resolved the treasurer's report for the 2014 CHNIG AGM is approved.

2.6 **Business Arising:**

2.6.1 **Presentation of CHNIG Awards**

Barb Kennedy presented the CHNIG research awards and Educational scholarships administered by RNFOO.

CHNIG Research Awards

The Community Health Nurses' Initiative Group (CHNIG) Research Award is given to a Registered Nurse who has been a member of the Community Health Nurses' Initiative Group for at least one year, and is pursuing research in community health nursing at the masters or doctoral level in an academic setting. The award can also be given to any community health nurse who is a member of CHNIG for at least a year, who wishes to undertake research in a clinical setting.

Barb Chyzzy CHNIG Research Award - \$1500

Alana Devereaux CHNIG Research Award - \$1500

CHNIG Educational Bursary Awards

The Community Health Nurses' Initiative Group (CHNIG) Educational Bursary Awards is awarded to a Registered Nurse currently working in, or intending to work in, community health nursing, who is pursuing advanced education at the masters or doctoral level in a full-time or part-time capacity. The individual must have a strong academic record and be a member of CHNIG for a year or more.

Susan Bookey-Bassett CHNIG Educational Scholarship - \$1500

Ruth Walker CHNIG Educational Scholarship - \$1500

- Barbara expresses the need to advertise CHNIG scholarships.
- Barb Chyzzy expressed gratitude for the scholarship.
- Leanne Siracusa wondered if scholarship could be consolidated if there isn't as much application (instead of \$1500 to \$3000)
- CHNIG to look at wording of CHNIG Education fund (as it only says practice).

2.6.2 CHNC report

Jennifer presented the CHNC report as the Ontario Board Representative and responded to questions from CHNIG members.

- Katie spoke about potential fee increase of CHNC in Ontario; would like decision of whether or not CHNIG membership fees will be raised, to be an involved decision with members. CHNIG assured members that they would not move anything forward without meeting with members first.
- Jen to participate in CHNC meeting to represent CHNIG in May to discuss membership fees.

On motion made by Ruth Schofield, seconded by Katie Dilworth and duly carried, the following resolution was passed:

Be it resolved that the CHNC report of the 2014 AGM of CHNIG is approved.

2.6.3 Presentation of Professional Development Bursaries

Barb Kennedy presented The Community Health Nurses' Initiative Group (CHNIG) 2014 Professional Development Bursary for attendance at RNAO/CHNIG AGM: This funding was established by the CHNIG in recognition of the need to support CHNIG RN and student members participate in the RNAO AGM.

2014 Recipients to attend CHNC conference

Catherine Celebre, Chansie French, Dana Boyd, Kim Lazer, Leanne Siracusa, Rebecca Butler, Helen Tindale, Barb Chyzzy, Karen Graham, Ruth Schofield

- Katie suggested for CHNIG to increase funding for CHNC conferences held in other provinces.
- Barb noted that there were no applicants for funding to attend the RNAO AGM.

2.6.4 **Presentation of Seed Grant**

1. Barb Kennedy presented The Community Health Nurses' Initiative Group (CHNIG) Seed Grant Initiative A seed grant of five hundred dollars (\$500) to individuals/groups interested in creating and/or conducting workshops, organizing/implementing in services in the community, evaluating programs/practice guidelines or other related activities that reflect the goals and mission of CHNIG.

Recipients: Dana Boyd - Held professional practice day for 8-9 PH units in Southwest (Windsor & London Public Health Unit Leaders)

The goal of this project is to increase the professional development opportunities among rural community health nurses from a variety of practice settings in Leeds Grenville and Lanark Counties by increasing awareness, knowledge and skills in relation to local resources that will support professional development, as well as empowering nurses to practice from an evidence-informed perspective.

2. The Community Health Nurses' Initiative Group (CHNIG) Professional Development awards for attendance at the CHNC conference: The Professional Development Bursary was established by CHNIG in recognition of the need to support CHNIG members in their interest and participation in the National Community Health Nurses Conference. Recipients will be announced in the upcoming CHNIG e-newsletter.

2.6.5 **CHNIG incorporation Update**

Jennifer presented the work done by the CHNIG board this year regarding incorporation. Bylaws will be kept as is until new legislation becomes the law. Governance committee continues to create new policies with support from some CHNIG members.

2.7 **Presentation to departing Board members**

Jennifer thanks departing board members for their dedicated service to enable CHNIG to meet it's goals. Each was given a small gift and award in appreciation.

Governance Chair – Melinda Wall

Policy and Political Action ENO – Andrea Baumann

2.8 **Nominations and election of Board of Directors**

The Chair stated that it was now in order elect the Directors of the Corporation. At incorporation our current bylaws outline that terms for directors start and end at the AGM.

A vote occurred in order to confirm the following board of directors who are staying on the executive.

Two nominations were brought forward for 2 positions:

1. Trudy Mulder-Hall – Policy and Political Action (Palliative Case Manager in CCAC)
2. Pamela Stuckless – Governance (BPSO Manager at VHA Toronto)

On motion made by Yvette Laforet Fliesser, seconded by Ruth Schofield and duly carried, the following resolution was passed:

Be it resolved that the nominations to the CHNIG board is now closed.

On motion made by Cindy Baker-Barill, seconded by Karen Ellis-Scharfenberg and duly carried, the following resolution was passed:

Be it resolved that Trudy Mulder-Hall is voted into the Policy and Political Action Position.

On motion made by Karen Ellis-Scharfenberg, seconded by Nicolette Slovitt and duly carried, the following resolution was passed:

Be it resolved that Pamela Stuckless is voted into the Governance Position.

2.9 Introduction of President and 2014-2015 Board Members

After some discussion, and on motion duly made Cindy Baker-Barill, seconded by Katie Dilworth and duly carried, the following resolution was passed:

RESOLVED THAT the following persons are hereby elected as Directors of the Corporation, to hold office or until their successors are duly elected or appointed, namely:

- President – Cindy Baker-Barill
- Immediate Past President – Jennifer Bouwmeester
- Secretary – Krisel Abulencia
- Treasurer – May Tao
- Communications Website – Susan Tam
- Communications Newsletter – Randie Gregoire
- Professional Practice Home Health – Karen Thompson
- Professional Practice Public Health – Nicolette Slovitt
- Team co-leader Research, Education and Professional development–Joanne Crawford & Sofie Pauwels
- Member Benefits – Barbara Kennedy
- OPHA Liaison – Karen Ellis-Scharfenberg
- Policy and Political Action – Trudy Mulder-Hall
- Governance – Pamela Stuckless

TERMINATION OF MEETING

There being no further business to come before the meeting, on motion duly made Helen Tindale seconded Randie Gregoire and duly carried, the meeting then terminated.

RESOLVED THAT the 2014 AGM of CHNIG is now closed.

3.0 Member voices:

- Ann – VHA nurse, expressed concerns about how primary health will be represented in board executive.
- Ruth Schofield – raised Home Care Taskforce in regards to CHNIG representation
- Yvette Laforet Fliesser – who is in charge of homecare task force, Joint Provincial Nursing Committee, of which RNAO is a co-chair, sub-committees look at optimizing of nurses in Home Health. There were some consultation group seminars before Christmas last year. CHNIG BOD currently providing feedback to them in the next couple of weeks. Another teleconference next week opens for anyone's participation. CHNIG BOD Member Karen Thompson will be present.
- Helen Tindale – asked for reflection of members (public health, community health, education, home health nurses) and encouraged members from home health to identify themselves and become more involved with CHNIG.

- Loraine Telford – Health Links Manager, LAMP – raised concerns of lack of public health involvement in Health Links. Encouraged CHNIG members to advocate and get involved in Health Links
- Primary Prevention of Childhood Obesity BPG revised – co-chaired with Carol Timmings, which will be launched next week. Shared some of their reflections and discoveries during their work. Identified gaps; research informing practice. Encouraged nurses need to start documenting their practice.
- Yvette Laforet Fliesser –
 - National Certification of CHN Shared opportunity for nurses to be involved in writing of examination in 2 years once current cycle is done
 - We need to ensure CHNs are competent and an easy way to demonstrate that is through national certification.
- Leanne Siracusa – June 12 encouraged members to vote, and to consider approaching media to advocate for CHN and community health.
- Randie Gregoire – called out to members for newsletter submissions.

Chair of the Meeting: Jennifer Bouwmeester
 Secretary of the Meeting: Krisel Abulencia

CHNIG members order your free key chain by emailing your home address to secretary@CHNIG.org.

