



PUBLIC HEALTH NURSING

PRACTICE PROFILE

APRIL 2011

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A day in the life

Sonya is a public health nurse who arrives at her office and sees the message light on her phone flashing. She checks her messages presuming the message might have been left by her client, Ms. Lee, who is suffering from post partum mood disorder (PPMD). The public health nurses (PHN) in her office often identify women who are at risk for, or experience postpartum depression. The impact can be devastating for the family. Ms. Lee called to ask Sonya if there were any programs in the area for women with similar problems.

Over the past month Sonya has been collaborating with other PHN colleagues to submit a proposal to the Ministry of Health and Long-Term Care. The proposal is for the development of a Postpartum Depression Project which will help improve the health of women at risk for Post Partum Mood Disorders. Sonya plans to meet with her colleagues later in the day to draft a budget for the proposal.

Sonya speaks with her manager about whether the health unit's current prenatal class curriculum could be modified to include information and skill building exercises for recognizing the signs and symptoms of PPMD. Her manager reminds her that her report on this year's flu campaign is due at the end of the week.

Sonya participated in the annual flu campaign as a nurse who provided immunizations with her health unit earlier this fall. As she puts the finishing touches on her report, Sonya feels proud of her contribution to keeping the people who lived in her community healthy in such a concrete way.

Afterwards, Sonia spends time working on a presentation to the PPMD Coalition. Sonya reflects on how much had been accomplished since the coalition of 20 community agencies formed 12 months ago. This group has held health fairs, professional education sessions, developed and distributed resources to professionals and to the public, as well as developed a website. The group also coordinated a campaign on television, radio & using posters to help the public to understand PPMD.

Other PHN colleagues created and staffed a local central phone service for postpartum women and a drop-in service for postpartum women and their families was also established. Sonya returns Ms. Lee's call and suggests that she participate in the program.

Sonya then checks her email and finds a few notes from her colleagues in neighbouring local health units. Together the group had identified a challenge of increasing community awareness of childhood inactivity and its impact on obesity and health. The PHNs plan to collaborate in the development of a campaign called "Turn off the Screens Week", which is adapted from a similar campaign in another region.

It will be designed to encourage elementary school children and their families to be more physically active by being "screen-free" (television, computers and video games) for five consecutive days. To promote this campaign, PHNs will visit schools to involve students, their families, the community at large, as well as involving the media.

Frequently PHNs partner with community groups or coalitions to better facilitate planning and share

resources and expertise. It is generally a win-win situation for all involved. This “Turn off the Screens Week” campaign will be a great example of involving the community to promote family health.

Public health nursing involves working with individuals, families, communities, and at a systems level. It is through this comprehensive and strengths-based approach that empowerment and enduring positive change can be realized.

Background

Public health nursing in Ontario is rooted in the traditions of Florence Nightingale, Jeanne Mance, and women in religious orders such as the Grey Nuns. Early North American PHNs understood the importance of social, economic, environmental, and political determinants of health, and believed that social activism and collaboration with community organizations and governments was a fundamental aspect of public health nursing practice¹

Although in 2010, PHNs make up less than 2.87%² of all registered nurses in the province, they can be found across Ontario, protecting and promoting health. They do this by considering the many factors: physiological, emotional, social, political, spiritual, historical, cultural and environmental, which can affect the health of communities and those who live within them³. For PHNs, a “client” can be defined as an individual, family, group, community, population, system and/or society⁴.

Specialty Education

Public health nurses are registered nurses with a baccalaureate degree in nursing. Practicing PHNs have the opportunity to take the CNA certification exam for community health nursing to acquire the designation CCHN(C)⁵. Public health nursing practice is guided by provincial regulatory standards, community health nursing standards of practice, core competencies for public health and public health nursing competencies.

The Canadian Community Health Nursing (CCHN) Standards of Practice form the basis of community health nursing practice. Public health nursing competencies are the integrated knowledge, skills, judgement and attributes required of a public health nurse to practice safely and ethically⁶.

Scope of Practice

The focus of public health intervention is to prevent rather than treat a disease through health promotion activities such as creating supportive environments, and advocacy for healthy public

policy, strengthening community action, developing personal skills and reorienting health services towards a health care system which contributes to the pursuit of health.

Public health nurses require the ability to “synthesize... knowledge from public health science, primary health care (including the determinants of health), nursing science, and theory and knowledge of the social sciences to promote, protect, and preserve the health of populations”.⁷

In Ontario, public health nurses work for official public health agencies in one or more core program areas, many of which are mandated by the Public Health Division of the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and the Ministry of Children and Youth Services. These program areas include but are not limited to: chronic disease and injury prevention; family health; school health, sexual health, immunization, and communicable disease control.

Public health nurses collaborate with other public health practitioners such as: nutrition professionals, dentists, physicians, health promoters, public health inspectors, epidemiologists and allied health professionals in the delivery of public health services. One important example of collaboration is seen in disease outbreaks such as SARS and pandemic planning for H1N1. PHNs are not only involved in communicable disease control work such as contact tracing, immunization and health education but they also address the social determinants of health such as poverty and homelessness which contribute to poor health.

Public health nurses use a broad range of skills in daily practice, such as individual counselling, individual and group teaching/facilitation, advocacy, social marketing, community development and healthy public policy development that not only make a difference to individuals, families, and groups, but can effect change at a community and systems level. This is done by considering the many factors that can affect the health of communities and those who live within them⁸. Their roles include advocating for services, providing support, linking and referral to community resources, and advocacy to assist individuals and families in finding safe housing, secure employment and other necessary supports⁹

Practice Environment

Public health nurses have the unique distinction of practicing in “a setting without walls”¹⁰. They work in a wide range of settings to meet the needs of individuals, families, groups, communities, populations, and society. Examples include the client’s home, schools, sexual health clinics, immunization clinics, and settings where older persons reside.

Clinical Laddering

The Ontario government has taken a progressive step that nurses have been wanting for years by mandating all 37 public health units in the province appoint a Chief Nursing Officer (CNO) by 2012.

The leadership of nurses is essential in health promotion, disease prevention and during serious outbreaks such as a pandemic. The majority of health-care workers in public health units are nurses so it’s critical to have a Chief Nursing Officer at the highest level of decision making.

This requirement will also strengthen the ability of nurses to respond during public health emergencies.

Liability Protection

Public Health Nurses who are RNAO members are automatically eligible for liability protection through Canadian Nurses’ Protective Society (CNPS)¹¹.

Current Status

Public health nurses can be found across Ontario, protecting and promoting health¹². With increasing fiscal challenges in Ontario health promotion, prevention, and protection are the key to a sustainable health care system. A current focus on health human resources in public health has increased emphasis on increasing capacity of PHNs. Introduction of the PHN competencies and the 4th edition of Public Health ~ Community Health Nursing Practice in Canada have increased focus on the roles and activities of PHNs. New emerging professional development activities for PHNs will strengthen the PHN workforce in Ontario positioning public health nurses with the knowledge skills and abilities to be leaders in health promotion in Ontario.

Links

Community Health Nurses of Canada (CHNC)

- <http://www.chnc.ca/>

RNAO - Community Health Nurses’ Initiatives Group (CHNIG)

- <http://www.chnig.org>

Canadian Nurses Association Community Health Certification (CCHN(C))

- http://www.cna-aiic.ca/CNA/documents/pdf/publications/CE_RT_Comm_Health_2009_e.pdf

References

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- ² College of Nurses of Ontario (2010). All Nurse types Employed in Nursing in Ontario by Employment position. *Data Query Tool*. Retrieved November 15, 2010 from: <http://www.cno.org/en/what-is-cno/nursing-demographics/data-query-tool/> *
- ³ Community Health Nurses Association of Canada. (April 2008) *Canadian Community Health Nursing Standards of Practice*. Ottawa
- ⁴ College of Nurses of Ontario (2002). Practice Standard: Professional Standards, Revised 2002. CNO: Toronto. p. Retrieved November 15, 2010 from: http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf
- ⁵ Canadian Nurses Association (2010), Community Health Nursing Certification. CNA: Ottawa. Retrieved November 15, 2010 from: http://www.cna-nurses.ca/CNA/documents/pdf/publications/CERT_Comm_Health_2009_e.pdf
- ⁶ Community Health Nurses Association of Canada. (May,2009). Public Health Nursing Discipline Specific Competencies. Ottawa.
- ⁷ Ibid 4; p.3
- ⁸ Ibid 4; p.3
- ⁹ Ibid 1
- ¹⁰ Ibid 1
- ¹¹ Canadian Nurses’ Protective Society. (2006). *CNPS Services*. Retrieved November 15, 2010 from: http://www.cnps.ca/cnps_services/index_e.html
- ¹² Ibid 3

* Parts of this material are based on data and information provided by the College of Nurses of Ontario; however, the analyses, conclusions, opinions and statements expressed herein are those of the author, and are not necessarily those of the College.