Canadian Community Health Nursing

Professional Practice Model & Standards of Practice

Revised March 2011
Community Health Nurses of Canada

The Community Health Nurses of Canada (CHNC), established in 1987, is a voluntary association of community health nurses and provincial/territorial community health nursing interest groups. CHNC provides a unified national voice to represent and promote community health nursing and the health of communities. CHNC is an associate member of the Canadian Nurses Association (CNA).

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& Standards of Practice

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Foreword

This publication describes the components of the Community Health Nurses of Canada (CHNC) professional practice model and the standards of practice for community health nurses in Canada. Canadian community health nurses and experts from all practice areas participated in a number of consultative processes to develop the model and the standards. (See Appendix A - Methodology: Development of the Practice Model and Standards of Practice). The Community Health Nurses of Canada will regularly review the components of the professional practice model and the standards of practice and expects to make revisions as community health and nursing knowledge develops further.
Components of the Canadian Community Health Nursing Professional Practice Model

Introduction
The components of the CHNC practice model incorporate many of the concepts that were embedded in the original model that was developed in 2003. Professional practice models include the structure, process and values that support nurses’ control over the delivery of nursing care and the environment in which care is delivered.

Components of the Practice Model
The following is a list of the component parts of the CHNC Professional Practice Model (listed in alphabetical order):

- Client (Individuals, Families, Groups, Communities, Populations, Systems)
- Code of Ethics
- Community Health Nurse
- Community Health Nursing Standards
- Delivery Structure and Process
- Determinants of Health
- Discipline Specific Competencies
- Government Support
- Management Practices
- Professional Relationships & Partnerships
- Professional Regulatory Standards
- Theoretical Foundation
- Values and Principles

The Client
(INDIVIDUALS, FAMILIES, GROUPS, COMMUNITIES, POPULATIONS, SYSTEMS)

Community health nurses support the health and well-being of individuals, families, groups, communities, populations and systems. Community health nurses practice in health centres, homes, schools and other community-based settings. Using a capacity building and strength-based approach, they provide, coordinate or facilitate direct care and link people to community resources. They view health as a dynamic process of physical, mental, spiritual and social well-being. Health includes self-determination and a sense of connection to the community.
CODE OF ETHICS

The Code of Ethics has been developed by nurses for nurses to assist them to practice ethically and to work through ethical challenges that arise in their practice with individuals, families, groups, communities, populations and systems.

*The Canadian Nurses Association’s Code of Ethics for Registered Nurses is a statement of the ethical values of nurses and of nurses’ commitments to persons with health-care needs and persons receiving care. It is intended for nurses in all contexts and domains of nursing practice and at all levels of decision-making.*

THE COMMUNITY HEALTH NURSE

Community health nurses:

- Promote, protect and preserve the health of individuals, families, groups, communities, and populations in the settings where they live, work, learn, worship and play in an ongoing and/or episodic process.
- Consider and address the impact of the determinants of health within the political, cultural and environmental context on health.
- Support capacity building approaches focused on client strengths and client participation.
- Protect and enhance human dignity respecting social, cultural, and personal beliefs and circumstances of their clients.
- Advocate and engage in political action and healthy public policy options to facilitate healthy living.
- Incorporate the concepts of inclusiveness, equity and social justice as well as the principles of community development.
- Participate in knowledge generation and knowledge translation, and integrate knowledge and multiple ways of knowing.
- Engage in evidence informed decision making.
- Work at a high level of autonomy.
- Practice with an emphasis on teamwork, collaboration, consultation and professional relationships.

COMMUNITY HEALTH NURSING STANDARDS

Standards define the scope and depth of practice by establishing criteria for acceptable nursing practice. They represent the desirable and achievable levels of performance expected of nurses in their practice and provide criteria for measuring actual performance.

DELIVERY STRUCTURE AND PROCESS

A variety of service delivery approaches that integrate community health nursing process into practice are used. These include, but are not limited to:

- A generalist practice based on geographic location (e.g. neighbourhood nursing).
- A focused practice based on developmental stage or health issue (e.g. sexual health, post partum, wound care, shift nursing, palliative care).
- A care process approach (e.g. team nursing, primary health care, case management or family centered care).
Community health nursing roles and activities continually evolve to meet the health needs of the different population groups. Service delivery is focused on preventive, curative, social and environmental aspects of care; is responsive to community needs; and takes into consideration stewardship of resources for making services efficient and effective. (See Appendix B – Examples of Service Delivery Models Used in Community Health Nursing)

DETERMINANTS OF HEALTH

The determinants of health are the individual and collective factors and conditions affecting health status. The determinants of health extend beyond the community health nurses practice environment and scope of influence. The determinants of health influence community health nursing practice because of the profound impact they have on the health of the client (individuals, families, groups, communities, populations and systems). Community health nurses support the client by advocating for change to address the determinants of health. (See Appendix C – Determinants of Health)

DISCIPLINE SPECIFIC COMPETENCIES

Competencies are the integrated knowledge, skills, judgment and attributes required of a registered nurse to practice safely and ethically. Attributes include, but are not limited to attitudes, values and beliefs.

GOVERNMENT SUPPORT

Community health nursing in Canada is usually funded by government resources and influenced by government policies. Decisions about funded services, resources, performance standards and policies that affect community have an impact on the ability of community health nurses to deliver care. The nursing community can work with governments and advocate for decisions that optimize health in the community.

MANAGEMENT PRACTICES

Management practices refer to the decision making structures and processes within community organizations and agencies. Effective management practices: promote the realization of autonomous practice; enable community health nurses to practice to the full scope of their abilities; and encourage community health nurses to incorporate evidence and research into their practice.

Community health nurses value a management approach that recognizes their contribution both informally and formally. Examples of rewards include but are not limited to: celebration of successes; certification; promotion and professional advancement or remuneration. (See Appendix D – Examples of Management Practices)

PROFESSIONAL RELATIONSHIPS & PARTNERSHIPS

Professional relationships recognize the strengths and contributions of others and require effective communication, consultation, collaboration and partnerships with clients, team members, professionals and other organizations.
PROFESSIONAL REGULATORY STANDARDS

Professional regulatory standards demonstrate to the public, government and other stakeholders that a profession is dedicated to maintaining public trust and upholding the criteria of its professional practice. ix

THEORETICAL FOUNDATION

The practice of community health nursing combines nursing theory and knowledge (including social sciences and public health science) with home health and primary health care principles. The nursing metaparadigm includes: the person (individuals, families, communities, groups, and populations), health, nursing, environment [culture] and social justice as central to the practice of community health nursing. x (See Figure 1 Key Aspects of Nursing Knowledge) (See Appendix E – Examples of Theories and Conceptual Frameworks)

VALUES AND PRINCIPLES

Values are part of a collective belief system that underpin professional practice, inform the development of educational programs and guide administration. Community health nursing is rooted in caring and social justice as reflected in public policies such as the Canada Health Act xii, the Declaration of Alma Ata xiii, the Ottawa Charter for Health Promotion xv, the Jakarta Declaration xvii, the Bangkok Charter for Health Promotion xviii and the “Nairobi Call to Action” xxvii which are consistent with the Community Health Nurses of Canada Vision Statement. xvi

Figure 1. Key Aspects of Nursing Knowledge (metaparadigm)
The Canadian Community Health Nursing Standards of Practice

Introduction

The Canadian Community Health Nursing Standards of Practice (the Standards) represent a vision for excellence in community health nursing. The Standards define the practice of a registered nurse in the specialty area of community health nursing. They build on the generic practice expectations of registered nurses and identify the practice principles and variations specific to community health nursing in Canada. The Standards apply to community health nurses who work in the areas of practice, education, administration and research.

Purpose of Standards of Practice

• Define the scope and depth of community nursing practice
• Establish criteria and expectations for acceptable nursing practice and safe, ethical care
• Provide criteria for measuring actual performance
• Support ongoing development of community health nursing
• Promote community health nursing as a specialty and provide the foundation for certification of community health nursing by the Canadian Nurses Association
• Inspire excellence in and commitment to community nursing practice
• Set a benchmark for new community health nurses.

Using the Standards of Practice

• Nurses in clinical practice use the standards to guide and evaluate their practice.
• Nursing educators include the standards in course curricula to prepare new graduates for practice in community settings.
• Nurse administrators use the standards to direct policy and guide performance expectations.
• Nurse researchers use the standards to guide the development of knowledge specific to community health nursing.
Community Health Nursing Practice

Community health nurses value caring, principles of primary health care, multiple ways of knowing, individual and community partnerships, empowerment, and social justice.\textsuperscript{viii}

Community health nursing acknowledges its roots and traditions, embraces advances, and recognizes the importance of the need to continually evolve as a dynamic nursing specialty.\textsuperscript{ii} (see Figure 2. History of Community Health Nursing)

A new nurse entering community health practice will likely need at least two years to achieve the practice expectations of these specialty Standards. Strong mentorship, leadership and peer support, as well as self-directed and guided learning all contribute to the achievement of the expertise required.

Community health nurses practice in a variety of specialty care services and work in a variety of settings (See Appendix F - Community Health Nursing by Area of Practice). Home health nursing and public health nursing are linked historically through common beliefs, values, traditions, skills and above all their unique focus on promoting and protecting community health.

Home health nursing and public health nursing differ in their client and program emphasis. Both Public Health Nurses\textsuperscript{v} and Home Health Nurses\textsuperscript{vii} have discipline specific competencies that define the integrated knowledge, skills, and attributes required to achieve the standards. (See Appendix G for a diagram depicting the Relationship Between Standards and Competencies.

Community health nurses view health as a dynamic process of physical, mental, spiritual and social well-being. Health includes self-determination, realization of hopes and needs, and a sense of connection to the community.\textsuperscript{1} Community health nurses consider health as a resource for everyday life that is influenced by circumstances, beliefs and the determinants of health. The determinants of health are factors and conditions that affect health status and include social, cultural, political, economic, physical and environmental health determinants. Additional determinants of health specific to aboriginal populations have also been identified. (See also Appendix C - Determinants of Health)

A Glossary of Terms, which further describes relevant concepts and terms related to community health nursing practice can be found at http://chnc.ca/nursing-publications.cfm.
Standards of Practice for Community Health Nurses

STANDARD 1: HEALTH PROMOTION

STANDARD 2: PREVENTION AND HEALTH PROTECTION

STANDARD 3: HEALTH MAINTENANCE, RESTORATION AND PALLIATION

STANDARD 4: PROFESSIONAL RELATIONSHIPS

STANDARD 5: CAPACITY BUILDING

STANDARD 6: ACCESS AND EQUITY

STANDARD 7: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY
Standard 1: Health Promotion

Community health nurses integrate health promotion into their practice. “Health promotion is the process of enabling people to increase control over, and to improve, their health”

THE COMMUNITY HEALTH NURSE...

a. Collaborates with individuals, families, groups, communities, populations or systems to do a comprehensive assessment of assets and needs, acknowledging that differences exist in assets and needs of different members of the population.

b. Uses a variety of information sources including community wisdom to access high quality data and research findings related to health at the international, national, provincial, territorial, regional and local levels to plan programs and services.

c. Seeks to identify the root causes of illness, disease and inequities in health.

d. Considers socio-political issues that may underlie individual, family, group, community, population or system problems. (See Appendix C: Determinants of Health)

e. Recognizes the impact of specific issues such as political climate, will, values and culture, historical context, client readiness, and social and systemic structures on health.

f. Facilitates planned change with the individual, family, group, community, population or system (See Figure 3. Population Health Promotion Model) See Appendix H – Health Promotion

g. Demonstrates knowledge of determinants of health and effectively implements multiple health promotion strategies. (See Appendix H – Health Promotion)

Figure 3. Population Health Promotion Model

- Identifies the level of intervention necessary to promote health.
- Identifies which determinants of health require action or change to promote health.
- Uses a comprehensive range of strategies to address health-related issues.
h. Identifies strategies for change that will make it easier for people to make healthier choices.

i. Collaborates, along with other sectors, with the individual, family, group, community or population, to support them to overcome health inequities and take responsibility for maintaining or improving their health by increasing their knowledge, influence and control over the determinants of health.

j. Understands and uses social marketing, media and advocacy strategies, in collaboration with others, to raise awareness of health issues and place issues of social justice and health equity on the public agenda.

k. Applies relevant theories and concepts (e.g. Stages of Change Theory, Self-Efficacy Theory, Assets and Strengths, Community Mobilization) to shift social norms and change behaviours in partnership with others while working on enabling factors to overcome barriers in the social and physical environment.

l. Uses a client centered approach to help the individual, family, group, community and population to identify strengths and available resources to access health and take action to address their needs.

m. Evaluates and modifies population health promotion programs as needed in partnership with the individual, family, group, community, population or system in partnership with individuals, employers and policy makers.
Standard 2: Prevention and Health Protection

Community health nurses integrate prevention and health protection activities into practice. These activities are often mandated by government programs to minimize the occurrence of diseases or injuries and their consequences.

THE COMMUNITY HEALTH NURSE...

a. Participates in surveillance activities; analyzes and utilizes this data to identify and address health issues within a population or community.

b. Recognizes patterns and trends in epidemiological data and service delivery and initiates strategies to improve health.

c. Recognizes the differences between the levels of prevention (primary, secondary, tertiary) and selects the appropriate level of intervention.

d. Facilitates informed decision making for protective and preventive health measures.

e. Helps individuals, families, groups, communities, populations or systems identify potential risks to health including contributing to emergency and/or disaster planning, being knowledgeable about specific emergency / disaster plans and promoting awareness of the plan(s) amongst individuals, families, groups and communities.

f. Uses harm reduction principles grounded in the concepts of health equity and social justice, to identify and reduce or remove risk factors in a variety of environments and settings including homes, neighbourhoods, workplaces, schools and street.

g. Provides prevention and protection services for the individual, family, group or community to address issues such as communicable disease, injury, chronic disease, physical environment (e.g. clean air, water, land) and community emergencies or disasters.

h. Applies epidemiological principles for planning strategies such as screening, surveillance, immunization, communicable disease response and outbreak management, and education.
i. Engages in collaborative, interdisciplinary and intersectoral partnerships to address health risks of the individual, family, group, community, population or system recognizing that some individuals and groups are disproportionately affected.

j. Collaborates to develop and use follow-up systems to facilitate continuity of care.

k. Practices in accordance with legislation and regulation relevant to community health practice (e.g. public health legislation, child protection legislation and provincial/territorial/federal regulatory frameworks). In addition, when relevant, practices in accordance with complementary sub specialty standards e.g. occupational health nursing; parish nursing.

l. Evaluates practice (personal, team, intersectoral and interprofessional collaborative practice) in achieving outcomes such as reduced communicable disease, injury, chronic disease or impacts of a disease process.
Standard 3: Health Maintenance, Restoration and Palliation

Community health nurses integrate health maintenance, restoration and palliation into their practice. These are systematic and planned methods to maintain maximum function, improve health and support life transitions including acute, chronic or terminal illness and end of life care.

THE COMMUNITY HEALTH NURSE...

a. Assesses the health status and functional competence of the individual, family, group, community, population or system within the context of their environmental and social supports.

b. Develops mutually agreed upon plans and priorities for care with the individual, family, group, community, population or system.

c. Identifies a range of strategies including health promotion, health teaching, disease prevention and direct clinical care strategies along with short and long-term goals and outcomes.

d. Maximizes the ability of an individual, family, group, community, population or system to take responsibility for and manage their health needs according to resources and personal skills available.

e. Supports informed decision making; acknowledges diversity, unique characteristics and abilities; and respects the individual, family, group, community or population’s specific requests.

f. Adapts community health nursing techniques, approaches and procedures to health challenges and the challenges related to equity in health in a particular community situation or setting.

g. Uses knowledge of the community to link with and refer to community resources or develop appropriate community resources as needed.
h. Facilitates maintenance of health and the healing process for the individual, family, group, community, population or system in response to significant health emergencies or other community situations that negatively impact health.

i. Evaluates outcomes systematically and continuously in collaboration with the individual, family, group, community, population or system including other health practitioners and inter-sectoral partners.
Standard 4: Professional Relationships

Community health nurses connect with others to establish, build and nurture professional relationships. These relationships promote maximum participation and self determination of the individual, family, group, community or population.

THE COMMUNITY HEALTH NURSE...

a. Builds a network of relationships and partnerships with a wide variety of individuals, families, groups, communities, organizations and systems (e.g. community and volunteer service organizations, businesses, faith communities and with health professionals and other sectors) to address health-related issues and support health equity.

b. Uses a holistic and comprehensive mix of community and population based strategies such as coalition building, inter-sectoral collaboration, partnerships and networking to overcome health inequities.

c. Assesses individual, family, groups, community and system beliefs, attitudes, feelings and values about health and health inequities and their potential effect on the relationship and intervention.

d. Recognizes her or his personal beliefs, attitudes, assumptions, feelings and values about health and their potential effect on interventions/strategies.

e. Is aware of and uses culturally relevant communication strategies when building relationships. Communication may be verbal or non-verbal, written or graphic. It may involve face-to-face, telephone, group, print or electronic methods.

f. Respects, trusts and supports or facilitates the ability of the individual, family, group, community, population or system to identify, solve and improve their own health issues.

g. Involves the individual, family, group, community, population or system as an active partner, applying community development principles, to identify relevant needs, perspectives and expectations.
h. Recognizes and promotes the development of health enhancing social support networks as an important determinant of health.

i. Maintains awareness of community resources, values and characteristics.

j. Promotes and supports linkages with appropriate community resources when the individual, family, group, community, population or system is ready to receive them (e.g., hospice or palliative care, parenting groups).

k. Maintains professional boundaries in long-term relationships in the home or other community settings where professional and social relationships may become blurred.

l. Negotiates an end to the relationship, in a professional manner, when appropriate (i.e., when the client demonstrates readiness and assumes self-care, when the goals for the relationship have been achieved, or based on the direction of the organization/employer).

m. Evaluates the nurse/client relationship as part of regular practice assessment.
Standard 5: Capacity Building

Community health nurses build individual and community capacity by actively involving and collaborating with individuals, families, groups, organizations, populations, communities, and systems. The focus is to build on strengths and increase skills, knowledge, and willingness to take action in the present and in the future.

THE COMMUNITY HEALTH NURSE ...

a. Works collaboratively with the individual, family, group, community, population, or system (including other health care providers) to identify needs, strengths, available resources, and strategies for action.

b. Uses community development principles and facilitates action to support the priorities of the Jakarta Declaration (See Figure 4).

c. Engages the individual, family, group, community, population, or system in a consultative process from a foundation of equity and social justice.

d. Recognizes and builds on the readiness of the individual, family, group, community, or system to participate and act.

e. Uses empowering strategies such as mutual goal setting, visioning, and facilitation.

f. Understands group dynamics and effectively uses facilitation skills to support group development.

g. Helps the individual, family, group, community, or system to participate in issue resolution to address their determinants of health.

Table 4. The Jakarta Declaration

The Jakarta Declaration identified the following priorities:

1. Promote social responsibility for health
2. Increase investments for health development
3. Consolidate and expand partnerships for health
4. Increase community capacity and empower the individual
5. Secure an infrastructure for health promotion.
h. Helps groups and communities to gather available resources that support taking action to address their health issues.

i. Actively shares knowledge with other professionals and community partners and appreciates the importance of collaborative team work.

j. Supports the individual, family, group, community, and population to advocate for themselves.

k. Encourages lifestyle choices that support health.

l. Applies principles of social justice and advocates for those who are not yet able to take action for themselves.

m. Uses a comprehensive mix of strategies to address unique needs and to build individual, family, group, community, population or system capacity.

n. Supports community action to influence policy change in support of health.

o. Actively works with community partners including health professionals to build capacity for health promotion.

p. Evaluates the impact of change on the health outcomes of the individual, family, group, community, population or system.
Standard 6: Access and Equity

Community health nurses facilitate access and equity by working to make sure that resources and services are equitably distributed throughout the population and reach the people who most need them.

THE COMMUNITY HEALTH NURSE...

a. Assesses and understands the capacity of the individual, family, group, community, population or system.

b. Assesses, in collaboration with partners, the norms, values, beliefs, knowledge, resources and power structures of the client (individual, family, group, community, population or system).

c. Identifies and facilitates universal and equitable access to available services.

d. Collaborates with colleagues and with other members of the health care team and community partners to promote effective working relationships that contribute to comprehensive client care and optimal client care outcomes.

e. Collaborates with individuals, families, groups, communities, populations or systems to identify and provide programs and methods of delivery that are acceptable to them and responsive to their needs across the life span.

f. Provides culturally sensitive care in diverse communities and settings.

g. Supports the individual, family, group, community and population’s right to choose alternate health care options.

h. Advocates for equitable access to health and other services and equitable resource allocation.

i. Mobilizes resources to support health by coordinating and planning care, services, programs and policies.

j. Refers, coordinates or facilitates access to services in the health sector and other sectors.
k. Adapts practice in response to the changing health needs of the individual, family, group, community, population or system.

l. Uses strategies such as home visits, outreach and case finding to overcome inequities and facilitate access to services and health-supporting conditions for potentially vulnerable populations (e.g., persons who are ill, elderly, young, poor, immigrants, isolated or have communication barriers).

m. Analyzes and addresses the impact of the determinants of health on the opportunities for health for individuals, families, groups, communities, populations and systems.

n. Advocates for healthy public policy and social justice by participating in legislative and policy-making activities that influence determinants of health and access to services.

o. Takes action with and for individuals, families, groups, communities, populations and systems at the organizational, municipal, provincial, territorial and federal levels to address service gaps, inequities in health and accessibility issues.

p. Monitors and evaluates changes and progress in access to relevant community services that support the determinants of health.
Standard 7: Professional Responsibility and Accountability

Community health nurses demonstrate responsibility and accountability as a fundamental component of their professional and autonomous practice.

THE COMMUNITY HEALTH NURSE...

a. Assesses and identifies risk management issues and takes preventive or corrective action individually or in partnership to protect individuals, families, groups, communities, populations, and organizations from unsafe, unethical, illegal or socially unacceptable circumstances.

b. Identifies ethical dilemmas about whether responsibility for issues lie with the individual, family, group, community, population, or system or with the nurse or the nurse’s employer.

c. Makes decisions using ethical standards and principles, taking into consideration one individual’s rights over the rights of another, individual or societal good, allocation of scarce resources, and quantity versus quality of life.

d. Seeks help with problem solving, as needed, to determine the best course of action when responding to ethical dilemmas, risks to human rights and freedoms, new situations and new knowledge.

e. Provides leadership by creating change within communities and systems.

f. Advocates for societal change to support health for all based on the concepts of health equity and social justice.

g. Uses current evidence and informatics (including information and communication technology) to identify, generate, manage and process relevant data to support nursing practice.

h. Identifies and acts on factors which affect practice autonomy and delivery of quality care.

i. Participates in the advancement of community health nursing by mentoring students and new practitioners.
j. Participates in research and professional activities.

k. Identifies and works proactively (individually or by participating in relevant professional organizations) to address nursing issues that will affect the individual, family, group, community, population or system.

l. Appreciates and develops teamwork skills that contribute proactively to the quality of the work environment by identifying needs, issues and solutions, using conflict resolution skills and collaborative decision making.

m. Provides constructive feedback to peers as needed to enhance community health nursing practice.

n. Documents community health nursing activities in a timely and thorough manner (includes telephone advice and work with individuals, families, groups, communities, populations and systems).

o. Advocates for effective and efficient use of community health nursing resources.

p. Uses reflective practice to continually assess and improve personal community health nursing practice.

q. Seeks professional development experiences that are consistent with: current community health nursing practice; new and emerging issues; the changing needs of the population; the evolving knowledge of the impact of inequities or social injustices; determinants of health; and emerging research.

r. Acts on legal obligations (applicable provincial / territorial / federal legislation) to report to relevant authorities any situations involving unsafe or unethical care. This care may be provided by family, friends or other individuals and involve or be directed toward children or vulnerable adults.

s. Identifies desired outcomes and related indicators in collaboration with individuals, families, groups, communities, populations, systems or the workplace.

t. Uses available resources to systematically evaluate the achievement of desired outcomes including the availability, acceptability, efficiency, and effectiveness for quality improvement in community health nursing practice and the work environment.
Appendix A: Methodology: Development of the Practice Model and Standards of Practice

Practice Model

The process to identify and describe the components of the practice model was guided by a project management team and included:

- A review of the literature
- An environmental scan with a convenience sample of community health nurses at the Community Health Nurses of Canada (CHNC) 2010 Annual Conference that included practice experts and community health nurses
- Five face-to-face focus groups in Manitoba, Quebec, Ontario, New Brunswick and Nova Scotia
- Modified Delphi process to achieve consensus from an expert group of members appointed by CHNC.

The Expert Group of 20 members of CHNC represented varied community health nursing expertise and included frontline nurses, managers, consultants, directors, educators, researchers and senior decision makers.

Based on the results the literature review, environmental scan and the focus groups, the consulting team developed a draft list of components of the practice model (with definitions) for an electronic survey. Using a modified Delphi approach, Expert Group members responded to two rounds of surveys. Additional feedback was obtained from the Expert Group in a series of teleconferences. The Project Management team submitted the final report to the CHNC Board of Directors.
Standards of Practice – Process to Revise the Standards of Practice

The process to review, revise and update the Standards was guided by the Standards Revision Project Team, 14 members of CHNC, representing varied community health nursing expertise and perspectives. The process included:

- A review of the literature
- An environmental scan with a convenience sample of community health nurses at the CHNC 2010 Annual Conference that included practice experts
- Five face-to-face focus groups with community health nurses in Manitoba, Quebec, Ontario, New Brunswick and Nova Scotia
- A Delphi consensus process
- Final consensus from the Standards Revision Project Team.

Based on the results of the literature review, environmental scan(s) and focus groups, the consulting team developed a draft list of standards for the survey. The survey was designed to gather quantitative feedback to measure the level of agreement for each of the statements and to provide qualitative feedback. The Standards Revision Project team members met three times with the consultants to provide direction and clarity.

A modified Delphi process was conducted to solicit widespread feedback about the Standards. Using a snowball sampling methodology, community health nurses from across Canada were invited to participate. The invitation was distributed by email to all past and present members of the CHNC (using the membership data base) and to a list of 210 names that was developed by the Project Team and the consultants. Recipients of the email were encouraged both to complete the survey and to forward the survey invitation to other interested people. After the survey was closed, the preliminary results were reviewed by the project team. This review resulted in the survey being resent to CHNC contacts in some provinces/territories and practice domains to increase the response rate in those underrepresented areas.

A total of 443 surveys were completed. The results indicated a very high level of agreement with each of the standards (all but 3 having greater the 85% agreement). All comments and edits that were received from the survey were considered and the Project Team provided regular feedback throughout the revision process. Feedback from the Project Team was obtained via teleconference meetings and email. The final draft was reviewed by the Standards Revision Project Team before it was sent to the CHNC Board of Directors.
Appendix B:
Examples of Service Delivery Models
Used in Community Health Nursing

Common service delivery models include, but are not limited to:

• Family Centred Care Model
• Primary Health Care
• Primary Nursing
• Participatory Model
• Collaborative Care Model
• Harm Reduction
• Nurse Family Partnership Model
• Street Health Nursing
• Calgary Case Management Framework and Service Delivery Model
• Person/Family/Client Centered Care
• Community Development
Appendix C: Determinants of Health

Health is influenced by economic, social and environmental conditions. “The determinants of health, are the individual and collective factors and conditions affecting health status.”

Social Determinants of Health

Determinants of health are conditions that are known to greatly influence health and include social, economic, physical and environmental health determinants and are collectively referred to as the Social Determinants of Health.

Environmental Determinants of Health

Environmental determinants of health include the chemical and biological factors and physical and natural settings external to a person that are amenable to reasonable intervention. Examples include, but are not limited to: chemical and biological hazards; indoor and outdoor air quality; water and soil quality; occupational risks; behaviours associated with hygiene and sanitation; built environments such as housing and road conditions; noise; and man-made climate and ecosystem changes.

The identification of what determines health is an evolving area. This list has come from the various sources and community health nurses should seek further reading to maintain their expertise in the area of health determinants. The following are some of the most commonly recognized determinants of health or factors that can shape a person’s health:

Recognized Determinants of Health

- Income and Income Distribution
- Education / Literacy
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development (early life)
- Food Insecurity
- Housing
- Environment (including social, physical; natural and built environments)
- Biology and Genetic Endowment
- Healthy Child Development
- Social Exclusion
- Social Status
- Social Safety (Support) Networks
- Health Services
- Personal Health Practices and Coping Skills
- Aboriginal Status
- Gender
- Culture
- Race
- Disability

Additionally the National Aboriginal Health Organization has identified the following aboriginal specific determinants of health:

- Colonization
- Globalization
- Migration
- Cultural continuity
- Territory
- Access
- Poverty
- Self determination
Appendix D:
Examples of Management Practices

The following are examples of management practices that support organizations to fully realize the potential of their community health nursing resource.

- Participatory Management
- Shared Governance
- Transformational Leadership
- Nursing Practice Council
- Approach using Professional Practice Leaders (e.g., Clinical Nurse Specialist)
- Quality, Evaluation and Continuous Improvement
- Change Management Approach
- Reflective Practice
- Action Research
Appendix E: 
Examples of Theories 
and Conceptual Frameworks

Theories and conceptual frameworks that pertain to community health include, but are not limited to:

- Socio Ecological Model (Bronfenbrenner)
- Systems Theory (Von Bertalanffy, Rapoport, Boulding, Ashby and others)
- Critical Theories (critical social theory) (Habermas)
- McGill Model (Allen)
- Critical Caring (Falk-Rafael)
- Adult Learning Theory (Knowles)
- Integrated Model of Population Health and Health Promotion (Hamilton & Bhatti)
- Principles of Harm Reduction (Wodak)
- Health Promotion Model (Lalonde, Pender)
- Behaviour Change Theory (Prochaska & DiClemente)
- Transtheoretical (stages of change) Model (Prochaska, Redding & Evers; DiClemente)
- Theory of Planned Behaviour & Reasoned Action (Ajzen and Fishbein)
- Community Organization Theory (Lindeman)
- Community Mobilization (Minkler, Wallerstein, & Wilson)
- Multiple Interventions For Community Health Framework (Edwards)
- Social Norms Theory (Perkins & Berkowitz)
- Diffusion of Innovation Theory (Furneaux, Rogers)
- The Circle of Health 1996 Framework (Prince Edward Island)
- Transcultural Nursing Model (Leininger)
- Theory of Interpersonal Relations (Peplau)
- Ecological Theory (Bronfenbrenner)
- Theory of Human Caring (Watson)
- Social Cognitive Theory (Bandura)
- Assets and Strengths (Kretzman & McKnight)
- Communication Theory (various)
- Organizational Change (various)
Appendix F: Community Health Nursing by Area of Practice

A nurse working in home health:

• Combines knowledge from primary health care (including the determinants of health), nursing science and social sciences
• Focuses on prevention, health restoration, maintenance or palliation
• Focuses on clients, their designated caregivers and their families (within the context of groups, communities, populations and systems)
• Integrates health promotion, teaching and counselling in clinical care and treatment
• Initiates, manages and evaluates the resources needed for the client to reach optimal well-being and function
• Provides care in the client’s home, school or workplace
• Has a nursing diploma or a degree (a baccalaureate degree in nursing is preferred) and is a member in good standing of a professional regulatory body.

A nurse working in public health:

• Combines knowledge from public health science, primary health care (including the determinants of health), nursing science, and the social sciences
• Focuses on promoting, protecting, and preserving the health of populations
• Links the health and illness experiences of individuals, families, and communities to population health promotion practice
• Recognizes that a community’s health is closely linked to the health of its members and is often reflected first in individual and family health experiences
• Recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups, and populations
• Practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres, and nursing outposts, and with diverse partners, to meet the health needs of specific populations
• Has a baccalaureate degree in nursing and is a member in good standing of a professional regulatory body for registered nurses.
Appendix G: Relationship between Standards and Competencies

Source – A. Moyer presentation 2007, Updated 2010 (with permission of the author)
Appendix H: Health Promotion

Health promotion is the process of enabling people to increase control over and to improve their health. Health is seen as a resource for everyday life.\textsuperscript{xiv}

**Health Promotion Action includes:**\textsuperscript{xiv}

a. **Build Healthy Public Policy** to ensure that policy developed by all sectors contributes to health-promoting conditions (e.g., healthier choices of goods and services, equitable distribution of income).

b. **Create Supportive Environments** (physical, social, economic, cultural, spiritual) that recognize the rapidly changing nature of society, particularly in the areas of technology and the organization of work, and that ensure positive impacts on the health of the people. (e.g., healthier workplaces, clean air and water).

c. **Strengthen Community Action** so that communities have the capacity to set priorities and make decisions on issues that affect their health (e.g., healthy communities).

d. **Develop Personal Skills** to enable people to have the knowledge and skills to meet life's challenges and to contribute to society (e.g., life-long learning, health literacy).

e. **Reorient Health Services** in a health promotion direction, beyond the provision of clinical and curative services, embracing an expanded mandate which is sensitive and respects cultural needs, supports the needs of individuals and communities for a healthier life, and opens channels between the health sector and broader social, political, economic and physical environmental components.

The **Ottawa Charter\textsuperscript{xv}** identified the following prerequisites for health:

- Peace
- Shelter
- Education
- Food
- Income
- Stable ecosystem
- Sustainable resources
- Social justice
- Equity
References


xxi. Kretzman, J., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community’s assets*. Chicago, IL: ACTA Publications.


