



Annual General Meeting

April 28, 2012
8:00-11:00 am
Hilton Toronto Hotel

Annual Report

Mission

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

**Community Health Nurses' Initiatives Group
Annual General Meeting
April 28, 2011
8:00 am - 11:00 am**

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

- 8:00 1.0** Breakfast
- 8:15 2.0** AGM Business
- 2.1** Welcome
 - 2.2** Approval of Agenda
 - 2.3** Approval of Minutes of 2011 AGM
 - 2.4** President's Report and Member Questions
 - 2.5** Treasurer's Report
 - 2.6** Business Arising:
 - 2.6.1 Presentation of Awards
 - 2.6.1.1 CHNIG Research Award
 - 2.6.1.2 CHNIG Educational Bursary Awards
 - 2.6.1.3 CHNIG Award of Excellence
 - 2.6.4 CHNC report
 - 2.7** Presentation and thank you to departing Executive Team members
 - 2.8** Nominations and elections
 - 2.9** Introduction of President and 2012-2013 Executive
 - 2.10** Member voices
- 10:00 3.0** Guest Speakers: Legal issues in Community Health Nursing:
Sheila Riddell, Lee Minty
- 11:00 4.0** Adjournment

RNAO Plenary to follow

President's Report

The Community Health Nurses' Initiatives Group (CHNIG) is a strong and vibrant organization – an organization celebrating 23 years of advocacy and leadership for community health nursing in Ontario. I am honoured to represent community health nurses in Ontario as President of CHNIG and extremely fortunate to have been able to lead this tremendous executive team with the support of RNAO.

The diversity of the CHNIG executive was significant to our functioning this year. Although we have common beliefs and values, each member's unique focus and expertise contributes to our strength. CHNIG also has several teams of Community Health Nurses from across Ontario working to help CHNIG meet our goals. These teams, with their broad range of expertise, are critical to the function of CHNIG. They include the professional practice team (with expertise in both public health nursing and home health nursing), the political action team, communications and professional development team. CHNIG also supports an ad-hoc School Health Team.

Collectively, this represents a significant number of involved and committed community health nurses in Ontario. Lead by the CHNIG executive, these nurses are making a significant difference to community health nursing and health. I can't stress enough the strength of your current executive. They respond with enthusiasm every time I ask them to become involved in something (and in some cases that's almost weekly). They are constantly coming up with new creative ideas, and following through with these ideas to completion. The Health Promotion Seminars that CHNIG has brought to community health nurses this year, in partnership with de Souza Institute are testament to this. Without their countless hours of volunteer time none of this would be possible. I'd like to walk you through some of the highlights of the accomplishments of CHNIG using our Goals and objectives as a framework.

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

Goal One: To influence health and social policy

The CHNIG Political Action executive member Leanne Siracusa won the RNAO leadership award in political action at the February Assembly meeting. This award recognizes the tremendous accomplishments of Leanne and her Political Action team.

CHNIG participated in several activities influencing policy decisions this year. These include:

- A provincial evaluation of regional projects to promote cancer screening in under-never screened populations.
- Young Parents No Fixed Address (YPNFA).
- Expert commission consultation on health care with Canadian Nurses Association. CHNIG submitted a brief response to the commission and participated in a focus group.
- Canadian Pandemic Influenza Preparedness plan with Public Health Agency of Canada.
- The 36 month advisory committee with Ministry of Children and Youth.
- The RNAO Primary Care/Family Practice Nurse Task Force

CHNIG was vocal in print as well with advocacy letters sent about issues such as the selection of an American company to administer the RN exam, poverty, and funding for physicians to do home visits.

CHNIG worked diligently to engage members in political action. Leanne hosted teleconferences with the CHNIG political action team and provided a health promotion seminar on this topic in March. Members met with MPPs and held rallies and all candidates meetings. Our student member even had an event at her school to encourage her fellow students to get involved, learn about the issues and get out and vote.

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

CHNIG's work to strengthen capacity of CHNs has been fantastic this year. CHNIG is a partner in hosting the 2012 conference in Markham in May. Jen Tonn, our president-elect, is co-chair of the conference and many of us are either chairing planning committees or participating on these committees.

In September 2011, CHNIG began a collaboration with the de Souza Institute to initiate a free monthly Health Promotion Seminar Series to assist members in meeting competency and certification requirements. Topics have included: Tobacco Cessation; Ontario's Aging at Home Strategy; Health Promotion and Self-care Management strategies; Cultural Safety; Political Action; and Organizational Readiness for Youth Engagement in Health Promotion.

We've also continued to support professional development for CHNs in Ontario by way of member conference bursaries for both RN and student members, student bursaries for the RNAO AGM and education and research awards. We've also awarded our CHNIG Award of excellence and you'll hear later about these worthy candidates.

CHNIG is also participating in the second Public Health Nursing Summit planned for the fall with Public Health Ontario, presenting several sessions at the CHNC conference in May and is on the advisory committee with RNAO to plan support for Chief Nursing Officers/Executives across the province.

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

CHNIG collaborated with RNAO in the fall to advocate that the City of Toronto accept provincial funding for two public health nurses. An action alert was created and tremendous support was received from nurses across the province. This advocacy in action was successful.

CHNIG participated in a systematic literature review to establish what literature exists about quality indicators in public health nursing.

CHNIG also participates in the PHN advisory committee and the Professional Development Advisory Group. The school health ad-hoc committee continues to receive CHNIG support to meet in order to advocate strengthening the role of nurses in Schools.

Nationally, CHNIG participated in meetings to design a conceptual model for CHN's and participated in the CHNC national literature review of indicators of effective strategies of PHNs in Chronic Disease Management. CHNIG is also participating in the CHNC Political Action and Advocacy; Governance, Certification and National Conference Standing committees

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

The CHNIG president was interviewed for an article for the RN journal that describes the added benefit to RNAO membership that interest groups provide. Clearly our membership agrees as the CHNIG membership numbers this year have remained stable despite our fee increase last year. This is a testament to the hard work of our member benefits and student teams through several initiatives to help with recruitment.

CHNIG designed and tested a new newsletter format which is easier and faster for members to scan and read. Our new website is updated continually by Susan Tam featuring information relevant to CHNs. Susan has worked miracles with the website making it a key tool for CHNs in Ontario to find out what's happening.

CHNIG utilizes our website, Facebook and Twitter to disseminate news and events relevant to members. We had a booth at the RNAO AGM and are also hosting one at the National Conference. These efforts combined have continued to keep our membership strong.

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

CHNIG has been fortunate to have two student members on our executive this year. Both have been active in voicing the concerns and perspective of students and helping CHNIG to align all of its information and activities to be relevant to students. Our student executive members have held an all candidates meeting and have been active in hosting events at schools about membership.

CHNIG discussed student membership and decided to waive the \$5.00 fee for students the second year they are members (first year free) to enable more students who join CHNIG and remain involved. CHNIG has decided to continue to provide support for students to join RNAO in student sponsorships and has continued to make our conference bursaries and RNAO AGM bursary available to students.

Overall I think you'll agree the CHNIG team is working hard to meet all our goals.

New on the horizon for CHNIG are the impacts of some financial issues we've had to deal with this year. As you recall last year we increased our fees to accommodate the increase in CHNC fees from \$1.00 per member to \$13.50 per member. This put our income slightly over the \$50,000 mark and requires us to start paying HST. CHNIG has recently hired a bookkeeping firm as a result of this. Annette Sonneveld successfully applied for and received our HST registration number. We are also investigating incorporation to protect CHNIG and its assets from future liability. We welcome your thoughts on this issue.

Fees for OPHA will increase from \$1000 to \$4000 for OPHA CS membership this year and we will need to consider if we will maintain our relationship with OPHA. We also welcome your thoughts on this issue.

In closing I would like to highlight that I am truly privileged to work with such passionate and committed CHNs on our executive. Together with our members we play an important role in Ontario to move Community Health Nursing and health issues forward. Working together, this team has the

talent, knowledge and leadership to shape the future of community health nursing and health in Ontario. I would very much like to thank the CHNIG executive:

President: Katie Dilworth
President-elect: Jennifer Tonn
Treasurer: Annette Sonneveld
Secretary: Debra Williams-Conliffe
Professional Practice – Public Health: Audrey Danaher
Professional Practice – Home Health: Karen Thompson
Communications – Website: Susan Tam
Communications – Newsletter:
Research & Education and Professional Development: Joanne Crawford
Members Benefit: Barbara Kennedy
Political Action: Leanne Siracusa Cindy Baker-Barill
Student Representatives: Randie Gregoire, Christine Joy Quizon

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

Respectfully submitted,

Katie Dilworth

TREASURER'S REPORT – April 2012

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

Fiscal Year (November 1, 2010 to October 31, 2011)

Carried over as of November 1, 2010 (includes return of conference seed money and profit)	\$36,277.64
Income CHNIG fees	\$37,971.79
Total expenses	\$47,315.63
Year end bank balance as of October 31, 2011	\$16,627.74
ING Business Investment Saving Account as of November 1, 2010	\$18,811.51
as of October 31, 2011	\$29,146.38

The profits from our successful conference in June 2010, enabled us during the 2010/2011 fiscal year to increase our education bursaries for members, and increase funds available to assist CHNIG members and executive to attend the CHN Halifax conference in 2011. In addition, we had funds available to pay the initial CHNC fee increase which amounted to almost \$6,000. We also added \$10,000 to our ING Business Investment Saving Account to ensure sustainability of co-hosting the annual CHN conference every other year.

Current Fiscal Year (November 1, 2011 to present)

With the budget becoming increasingly complex, CHNIG has followed an RNAO recommendation and hired a bookkeeper. This will help CHNIG ensure accountability to CHNIG members and compliance with financial standards.

As you are aware, CHNIG increased our fees in response to a fee increase by CHNC. I'm happy to report that even with the fee increase our membership numbers have remained steady. This year the second step of the CHNC fee increase came into effect; we will be paying approximately \$21,000 in CHNC fees. Because of our fee increase we are now subject to HST remittance and have thus registered with Revenue Canada. The CHNIG Finance Committee along with our bookkeeper, will be monitoring closely the impact of HST remittance on our budget, along with the proposed OPHA fee increase and possible incorporation.

As you know, the CHNIG executive has been very busy planning for the 6th Annual CHN Conference to be held May 14 – 16. The program looks wonderful, however with the tough economic times we are closely monitoring the registration numbers to also ensure a financially successful conference.

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

Respectfully submitted

Annette Sonneveld

CHNIG awards 2012

CHNIG Award of Excellence: *The CHNIG Award for Clinical Excellence in Community Health Nursing recognizes a community health nurse who practices at an exemplary level in her/his practice.*

This year's recipient: **Angela Frisina**, Public Health Nurse, City of Hamilton Public Health Services.

CHNIG Research Award: *The CHNIG Research Award is awarded to a Community Health Nurse who is pursuing research in community health nursing at the masters or doctoral levels in an academic setting.*

This year's recipient: **Winie Sun**, Doctoral Student at University of Toronto

CHNIG Education Scholarship: *The CHNIG Educational Scholarship is awarded to a registered nurse who is pursuing advanced education at the masters or doctoral level in a full-time or part-time capacity. This registered nurse is currently working in, or intending to work in, community health nursing.*

This year's recipient: **Melinda Wall** Master's Student at University of Toronto

CHNIG 2012 Professional Development Bursary (Student) for attendance at RNAO AGM:

This funding was established by the CHNIG in recognition of the need to support CHNIG student members participate in the RNAO AGM.

This year's recipient: **Randie Gregoire** RPN, BScN level 4RNAO Student Liaison
CHNIG Board of Directors, Student Representative

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.*

This year's recipients: To be announced April 29th.

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.

Actions

CHNIG participated in several events that influenced policy decisions this year. These include:

- A CHNIG executive member participated in provincial evaluation of regional projects to promote cancer screening in under-never screened populations. We provided a public health perspective and acted as advocate for collaborative relationships with public health nurses. As a result, the provincial body revisited one specific initiative and encouraged a regional program to work closely with Hamilton Public Health's team of Public Health Nurses.
- CHNIG has participated in monthly Young Parents No Fixed Address (YPNFA) committee meetings. YPNFA is a group of community agencies (CHNs, public health, midwives, social worker, CAS workers, etc) that help co-ordinate services and advocacy for homeless pregnant youth. YPNFA is developing a survey to determine the housing needs of teen mothers and fathers.
- CHNIG participated in RNAO's Annual Queen's Park Day, meeting with politicians about issues important to Community Health Nursing.
- CHNIG President Katie Dilworth is the CHNIG voting delegate at the RNAO AGM. Katie shared the RNAO AGM resolution and voting documents with executive members to receive input on important resolutions.
- CHNIG is a constituent member of OPHA, our liaison representative sits on the OPHA board. CHNIG President attended first annual member appreciation event for OPHA to discuss OPHA direction and how to move the organization forward. At this meeting CHNIG learned that OPHA is partnering with RNAO about a Healthy Aging Initiative. CHNIG consulted as to how to provide input on this important initiative.
- CHNIG President-elect participated in National Expert Commission consultation on health care with CNA, and CHNIG submitted a brief response to the commission.
- A CHNIG executive member attended a two day PHAC meeting in Ottawa on the Canadian Pandemic Influenza Preparedness plan on behalf of CHNC. Input from community health

nurses involved in pandemic flu planning was sought prior to the meeting in order to bring these issues forward to PHAC.

- CHNIG was also vocal in print. CHNIG participated in RNAO political action about: The selection of an American company to administer the RN exam by sending a letter to CNO about our concerns and posting the letter on our website. CHNIG members wrote letters to newspapers about poverty and funding for physicians to do home visits.
- CHNIG was active in engaging members in political action. CHNIG's Political Action Officer hosted teleconferences with the CHN political action team to brainstorm about possible individual action CHNs can take to affect the election in support of Vibrant communities. Info will be circulated for all members. A letter was recently published in a Waterloo newspaper from one of these participants.
- A member of the CHNIG executive who works in HBHC has been participating in a consultation with MCYS on the 36 month advisory committee. Many CHNs have expressed concerns about the enormous changes this program is facing.
- Co-Lead Professional Practice is representing CHNIG on the RNAO Primary Care/Family Practice Nurse Task Force which has been created to review and make recommendations on maximizing the role of nurses in this sector of community health nurses. There are 4300 primary care nurses in the province that, if by utilizing full scope of practice, could increase access to health care.

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.

Actions

- CHNIG participated in hosting a pre-conference session at the 2011 CHNC conference on the CHNC Blueprint for action.
- CHNIG sent several electronic newsletters to members with information about our activities as well as email notification about several issues, including professional development events. Website updates have included:

Professional development opportunities such as:

- deSouza Educational Workshops
- PHAC Skills Online Winter 2012
- Health Promotional Seminar Series
- CHNET-Works Fireside Chats

Promoted the following awards and financial opportunities:

- CHNIG Award for Clinical Excellence in Community Health Nursing
 - RNFOO 2012 CHNIG Award and Scholarships. CHNIG assisted in promotion of RNFOO Gala information and awards. CHNIG education and research awards are administered by RNFOO. Application deadline for awards was Jan.23, 2012. Award winners will be announced at RNFOO Gala on May 2, 2012.
 - CHNIG professional development bursaries for attendance at the CHNC conference and RNAO AGM
 - CHNIG Seed Grant
- CHNIG is collaborating with CHNC on 2012 conference and planning for the 2014 conference when it returns to Ontario (to be held in Ottawa). CHNIG will co-host the 2012 conference this year therefore most of the CHNIG executive are involved in planning committees. The CHNIG president is 2012 Conference chair of Sponsorship committee, President-elect is Co-chair of the 2012 conference.
 - CHNIG executive participated in two CIHR grant proposals for research into nursing leadership in PH nursing, and a CIHR grant proposal for the CHNC conference.
 - The Professional Development Committee of the PHN Advisory Committee met to look at PHN professional development needs and target dates for a PHN Summit. The summit is planned for the fall in association with RNAO, ANDSOOHA and Public Health Ontario.
 - The PHN Advisory Committee met to address general issues in CNO leadership in public health (PHN co-chair sits on this Advisory Committee).
 - CHNIG participated in the Advisory Committee with RNAO for Chief Nursing Officer support, This committee consulted in draft curriculum for the leadership academy, a toolkit for CNO/CNEs and teleconference meetings. CHNIG president attended ANDSOOHA's meeting in April amongst new and existing CNO's and practice leaders in Ontario to discuss how to move the CNO implementation forward.
 - In September 2011, CHNIG began a collaboration with the de Souza Institute to initiate a free monthly Health Promotion Seminar Series via Ontario Telemedicine Network (OTN), webcast, or web-conferencing for all community and acute care nurses across Ontario. The goals of these seminars are to provide educational and professional development opportunities and to assist nurses to meet competency and certification requirements and standards. Seminars have included several topics including: Tobacco Cessation; Aging at Home Strategy; Health Promotion and Self-care Management strategies for nurses; Cultural Safety; Political Action for nurses; and Organizational Readiness for Youth Engagement in Health Promotion. These seminars are recorded and posted on the CHNIG website and available to all members and non-members and are on topics that are relevant to CHNs studying for certification. CHNIG is presenting an abstract on this issue at the CHNC conference in May. Seminars were promoted via RNAO e-mails to CHNIG members and newsletter articles informing members about the seminars. CHNIG has been approached by CHNC to partner in this initiative. These seminars happen monthly (third Thursday of the month and are archived on our website for the convenience of members.)

- CHNIG is participating in a pre-conference session at the CHNC conference to present the new CHN practice model and guide for certification in CHN. This session will highlight the changes in Community Health Nursing in Canada.
- CHNIG is supporting members to attend the CHNC conference, RNAO AGM, and has awarded the CHNIG award of excellence to be announced at the CHNIG AGM April 28th 2012. This award recognizes the exemplary clinical practice of a community health nurse. The nominee can be community health nurse providing nursing services to individuals, families, populations or communities who is a current member of CHNIG. This award was highlighted on the web site and through an email blast from RNAO.
- CHNIG is marketing the availability of Seed Money for CHNs. The “Seed Grant” is provided to individuals / groups interested in creating / 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.
- CHNIG president is a member of Governance Committee and Political Action and Advocacy Standing committee and Conference planning standing committee of CHNC and the President-elect is a member of the Certification standing committee.

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

Objectives:

- Enhance the understanding of the diverse roles in community health nursing among CHNs, non-CHNs, other health professionals, policy-makers, nursing students, and the public.
- Actively engage in social marketing to improve visibility and public engagement.

Actions:

- In the fall CHNIG collaborated with RNAO to advocate that the City of Toronto accept provincial funding for two public health nurses. An action alert was created and tremendous support was received from nurses across the province.
- CHNIG is participating on an OPHA led committee to provide recommendations on the Social Determinants of Health: Public Health Nurse position funding provided to Health Units.
- CHNIG is participating in the PHN advisory committee who advises RNAO on action related to public health nursing in Ontario. This group is responding to the HBHC changes, providing feedback on the curriculum for the Leadership academy for CNO/CNEs and supported a request for nursing presence on the Ontario Influenza pandemic planning meetings.
- CHNIG participated in a systematic literature review to establish what literature exists about quality indicators in public health nursing. This review was presented at the TOPHC conference and will be submitted for publication.

- CHNIG president participated in meetings to design a conceptual model for CHN's. Several models were reviewed and modifications were proposed. The committee will consult with members about these models at the national conference.
- The CHNIG school health ad-hoc committee continues to receive CHNIG support in order to meet to advocate strengthening the role of nurses in Schools. The School Health Committee- a sub committee of the Professional Practice team, has met on several occasions to address a number of issues including: finalizing a discussion paper on the role of the public health nurse in school health; providing input to RNAO regarding the government's decision to fund school boards to hire mental health nurses; access to school health resources by public health nurses; and interviews with journalists at RNAO's request to discuss school health. Because the issues, the School Health Committee have gone beyond their initial mandate. Terms of reference are being drawn up and a summary of work to date has been prepared as a basis for considering the direction of the committee.
- A CHNIG member submitted a letter to the media about 'the re-birth of the house call'. Unfortunately this was not published however it was posted on the CHNIG website. Another CHNIG member approached the CHNIG executive for background information to support a letter written during contract negotiations of a health unit in Ontario. This letter was subsequently published in the newspaper and posted on the CHNIG website.
- CHNIG President and Political Action officer both attended Queens Park Day. Both were very active at the microphone and in person in engaging political leaders in discussion of issues contained in the Vibrant Communities policy update document including the issues related to the Drummond report and upcoming provincial budget.
- The CHNIG President participated in the CHNC national literature review of indicators of effective strategies of PHNs in Chronic Disease Management.

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%.

Actions:

- CHNIG held face to face executive meetings in May 2011 in Halifax, June, Oct and February in Toronto. Members are welcome at all CHNIG meetings.
- CHNIG president was interviewed for an article for the RN journal that describes the added benefit to RNAO membership that interest groups provide.

- CHNIG listened to the needs of its members through a political action survey hosted on our website from July 2010 to November 2011. We awarded members for participating in political action survey then launched a new section on website that invites members to send in comments, questions, or thoughts about CHN issues and to share their interest for becoming involved on CHNIG committees.
- CHNIG closely monitored membership counts due to a fee increase this year. The CHNIG membership seems consistent with this time last year despite the large fee increase we implemented with approximately 1500 members (including 200 students). Several initiatives occurred to help with recruitment:
 - CHNIG sent a reminder letter to members whose membership had lapsed to let them know they were missed and encourage them to re-join. CHNIG has shared our letter to lapses members with CHNC.
 - CHNIG sent membership contact information to CHNC so members could access the benefits of membership.
 - CHNIG also sent the logo to CHNC for posting a direct link on their website.
 - The benefits of membership in CHNIG and CHNC were circulated to members through the newsletter and website.
- CHNIG provided membership information for executive members and our student members to circulate at conferences. Our student executive members have been active in hosting events at schools about RNAO and CHNIG membership.
- CHNIG executive had two professional development events at our Oct executive meeting; one on the new Personal Liability Insurance requirements for nurses in Ontario and the second on the OPHA fiscal situation and partnership possibilities. An event is planned for our April meeting on legal issues in CHN. CHNIG executive shared information at our fall meeting to assist members on creating and maintaining teams.
- CHNIG utilizes our website, Facebook and Twitter to disseminate news and events relevant to members. CHNIG distributed information to executive and teams about social media survey for CNO who is creating a tool to help nurses in decision making about using social media with clients.
- CHNIG printed more bookmarks as they are very popular at our displays. We are planning a CHNIG booth at the RNAO AGM as well as at the CHNC conference.
- CHNIG designed and tested a new newsletter format which is easier and faster for members to scan and read. CHNIG sends out our newsletters by email and posts the most recent one in our website in the secure member's only section. Older newsletters are openly available on our site to all.
- CHNIG has successfully hired a bookkeeping firm and applied for a HST registration number and will pay HST on all membership dues from this point forward. This increase (13%) was calculated into our fee increase last year.
- CHNIG is investigating incorporation to protect CHNIG and it's assets from future liability. CHNIG has been consulting with RNAO, other interest groups that are incorporated as well as CHNC.

- CHNIG sought member feedback and participated in the OPHA AGM where the fiscal sustainability of the organization was discussed and voted on. CHNIG will be taking our continued involvement in OPHA to our membership at the April AGM. Fees will increase from \$1000 to \$4000 for OPHA membership.

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.

Actions:

- CHNIG voted and again decided to continue to provide support for students to join RNAO in student sponsorships
- CHNIG student executive member held an all candidates meeting in the fall in collaboration with RNAO. The intent was to encourage students to be involved and participate in voting.
- CHNIG provided membership information for executive members and our student members to circulate at conferences. Our student executive members have been active in hosting events at schools about RNAO and CHNIG membership
- CHNIG's student representative held a recruitment event at Conestoga college. CHNIG assisted with finding a home health and public health nurse to attend the display and assisted with cost of refreshments.
- CHNIG discussed student membership and decided to waive the \$5.00 fee for students the second year they are members (first year free) to enable more students who join CHNIG to remain involved. This new system will be implemented next year.

Community Health Nurses of Canada Report

All CHNIG members are members of Community Health Nurses of Canada (CHNC). CHNC is recognizing its 25th Anniversary this year. This will be celebrated with a Gala at the National Conference in Markham May 14-16th. CHNC has provided exemplary leadership in the past 25 years and CHNIG is proud to be associated with this organization.

The Strategic directions of CHNC are: Enhancing and Sustaining an Effective Organization, Building our Capacity and Building the Federation. CHNC recently developed draft vision, mission statement, values and updated strategic plan and received Board input on draft (high agreement of majority). CHNC will seek CHNC member input at a pre-conference at 6th National CHN Conference. The following activities describe the many activities of the organization.

Strategic Direction 1 Enhancing and Sustaining an Effective Organization

- Regular communication with members through Newsletters and e-blasts. Plans to improve the reader friendliness of the CHNC website to support member recruitment and engagement;
- CHNC is developing a Board of Directors Policy and procedure Manual and approved 6 organization policies, and drafted several more this year;
- CHNC contributed in the development of the PHAC Request for Proposals for a proposal on leadership competencies in public health in context of inter-professional practice. Response is pending;
- CHNC Developed terms of reference for Centre of Excellence for Community Health Nursing Ad Hoc Committee. Work on the CoE will continue this summer.

Strategic Direction 2 Building our Capacity

- CHNC is hosting a pre-conference session on the revised Standards of Practice and the New Practice Model at the national conference;
- CHNC has established Community Health Nurse Educators Forum on the website;
- CHNC presented CHNET-Works Fireside Chat on Feb. 16, 2012 on PHN competencies;
- CHNC facilitated the completion of the 4th Edition of Community Health Nursing Certification Guidebook;
- CHNC conducted 1st French webinar with NCCHPP;
- Supported the 6th National Community Health Nurses Conference Annual Planning Steering committee. CHNC has completed evaluation with Absolute Conference and Events Inc. and extended contract from 2013-201 and established schedule of national conferences for next 3 years. 2013 will be in Kelowna and 2014 in Ottawa;
- CHNC prepared and submitted CHNC Brief: CNA National Expert Commission: *Creating a System for (Community) Health*;
- Collaborated in launch of WHO Growth Charts adapted for Canada Training Package;
- Advanced adoption of standards, competencies and certification in practice and education using multiple KT strategies (dissemination, workshops, presentations, job descriptions, performance evaluation);
- Represented CHNC at CNA meetings – Obesity Guidelines for Primary Care (BC) and pandemic planning (Ontario);
- CHNC completed a Chronic Disease Prevention Project and developed a one page summary of findings for broad dissemination. This will be presented at the 6th National CHN Conference;

- Partnership with CHN Alberta, CHNIG and CSC Standing Committee saw the development of a professional practice Model. 2 proposed schematics representing the CHN Professional Practice Model Components will seek feedback from CHNC members.

Strategic Direction 3 Building the Federation

- Membership options and strategies from other associations across the country have been assessed. Proposing to offer a reduced CHNC Membership fee to students on the CHNC website and reduced fee for retired nurses;
- Updated information on the website identifying reasons to join, Awards of Merit and Barbara Mildon Bursary, and letter to new and renewing members promoted;
- Provided letter of support for CNA proposal submission to Human Resources and Skills Development Canada, New Horizons for Seniors Program on elder abuse and neglect;
- Contributed to a high level consultation on the WHO World Conference on the Social Determinants of Health on Sept.13, 2011;
- Plan to form (Sask and NWT) and engaged in local CHN task force/networks/alliances (Atlantic Coalition);
- Advanced use of the Blue Print for Action.

CHNC accomplishes all this work has 6 standing committees as well as many ad-hoc committees with membership from Board members and general membership. CHNIG members are welcome to become involved in any of these committees.

1) Governance Committee

- Ensures that the constitution, bylaws and Letters of Patent are respected.
- Assists the Board in ensuring that the constitution and bylaws are relevant to the mission and objectives of CHNC.
- Ensures an annual review of committee terms of reference.
- Identifies and develops policies and procedures that facilitate the work of the organization.
- Organizes and coordinates the functions of the Annual General meeting.
- Ensures that Rules of Order are followed at all meetings of the association.
- Ensures that the Board Manual is reviewed and revised as needed.

2) Competencies and Standards cttee (New name):

- Promotes and supports community health nursing as a specialty practice.
- Works with CNA to further certification of CHN's.
- Works with PHAC to develop core competencies.
- Currently working on evaluation of the certification process and the impact of the certification on practice.

3) Communications

- Work with the Secretariat to manage publications including the newsletter and website
- Ensure that CHNC website is current, maintained and responsive to communication needs of CHNC membership.
- Ensure and facilitate the design, production and dissemination of promotional materials, including but not limited to, displays and brochures to reflect the mission, goals, and activities of the association
- Work with the Membership Coordinator to arrange membership promotional activities to increase the visibility and profile of CHNs.
- Develop, in collaboration with the administrative manager and other standing committees, external media releases re: CHNC and Community Health Nursing
- Monitor communication strategies and maintain, modify or discontinue as indicated
- Assist and support other committees in communicating about issues and events to the membership and the community at large

4) Membership

- Develop, implement, and evaluate structures, processes, and resources to enhance and increase membership in the organization
- Work with the Administrative Manager to establish and manage a process to identify a body of knowledge regarding community health nursing expertise, including but not limited to a membership database and website documents
- Administer the Award of Merit, the Barbara Mildon Certification Bursary and other awards/bursaries created
- Recognize the contributions of individual members (e.g., retiring Executive/Board members).
- Plan and co-ordinate member events, including Annual General Meeting activities.
- Work with the Communications Officer to arrange membership promotional activities to increase the visibility and profile of CHNs.

5) Certification (new name):

- Development, implementation, and evaluation of education and professional development activities of CHNC
- Facilitates the integration of the Canadian Community Health Nursing Standards of Practice into community health workplaces and practice.

6) Political Action/Advocacy:

- Positions the association to respond to arising issues that impact on the delivery of community health programs.
- Refining an environmental scanning tool.
- Developing a module for building advocacy skills.

CHNC also established several Ad Hoc Committees this year including:

- Canada Chronic Disease Prevention project
- PHAC RFP proposal for Interdisciplinary Leadership competencies
- Strategic Plan revision
- 25th CHNC Anniversary celebration
- Professional Practice Model Schematic
- Executive Director recruitment

Executive Director, Evelyn Butler has demonstrated amazing leadership in managing the affairs of CHNC for the past 5 years. Evelyn has announced she is resigning and CHNC is in the process of recruitment of a new Executive Director. Though saddened by Evelyn's departure we wish her well in her future adventures and thank her for her dedication in leading CHNC on a journey of excellence for the past 5 years. Evelyn has been awarded the inaugural CHNC Honorary Lifetime Membership Award by CHNC.

Respectfully Submitted

Katie Dilworth,

Ontario CHNC Board Representative

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

1.0 Breakfast

AGM Business Meeting began at 8:15

2. Welcome/Recognition of Honoured Guests

Welcome to Past President Kim Dalla Bona acknowledgement of CHNIG Past Presidents: Barb Mildon, Marlene Slepko, Joyce Fox, Ruth Schofield.

2.1 Approval of Agenda*

Moved to accept agenda: Evette Macdonald ; Seconded: Ruth Scofield. Motion carried.

2.2 Approval of Minutes of 2010 AGM

Moved to accept minutes: Joyce fox; Seconded: Susan Tam. Motion carried.

2.3 President's Report and Member Questions*

Katie Dilworth reviewed the work done by CHNIG 2010-2011 as outlined in her president's report in this year's Annual Report and acknowledged the dedication and commitment of the 2010-2011 CHNIG executive.

Highlights: The CHNIG executive revised the organizations Goals & Objectives this year. Katie provided examples of activities undertaken by executive team members: opportunity for a Community health nursing leader to fill a member-at-large position at the OAHPP board; new marketing materials; communication strategies (e.g., Facebook page).

Motion to accept President's Report by Ruth Scofield Seconded: Marlene Slepko. Motion carried.

2.3 Treasurer's Report*

Debra read the report on behalf of Annette.

Motion to accept Treasurer's Report: Ruth Scofield Seconded: Marlene Slepko. Motion carried.

3. Business Arising:

3.1.1 Membership fees*

The CHNC voted to increase membership fees sustainability. Ontario has traditionally paid a group membership rate to CHNC of \$1 per member. This is increasing to \$13 and this will require a CHNIG fee increase. CHNIG executive recommend an increase our annual fees to \$45 as of 2012 (including HST) per member and is recommending maintain our relationship with CHNC.

The ING account is typically used for seed money for the Conference. If used for this it will cover use for the fee increase for the first year and then will be depleted. Therefore current executive is

recommending that we do not touch the ING account and keep money for on going seed money/start up money for annual Community Health Nursing conference.

Barbara Midon spoke in favour of this motion to CHNIG members re: CHNC. Mentioned CHNIG is the driving force behind the national organization.

Motion to increase CHNIG fees to \$45 starting 2012 Barb Mildon, Second Kim Dala Bonna; Motion carried.

3.1.2 Presentation of Awards;

Barbara Kennedy discussed CHNIG working with RNFOO, we have set up 3 scholarships the recipients are:

3.1.2.1 CHNIG Research Award

Oona St. Amant, PH D student at the University of Western Ontario School of Nursing. Her interest is in Health research in Community Health Nursing.

3.1.2.2 CHNIG Educational Bursary Awards

Caroline Dyck, a Master's of Public Health Student at the University of Waterloo: focus on Community Health Nursing. Cara-lee Coghill, a Master's of Nursing Science student at McMaster University focus on Public Health and Community Health

3.1.2.3 Professional Development Awards

CHNIG decided to provide professional development bursaries again this year to support CHNIG members to attend the CHNC national conference. Awards were for travel and accommodation to help members to attend the conference in Halifax. Award recipients this year were: Jane Haywood-Farmer, Name Erin Ferguson, Marlene Slepko, and Natasha Datt. Student awards went to Rebecca Ganann and Randie Gregoire

3.1.2.4 CHNC report*

Kim highlighted activities of CHNC as reported in the AGM report .

Highlights: Conference planning is well on its way Reminder that it will take place on May 16-18 in Halifax. CHNC continues to host continuing education webinars and are looking forward in 2012 to offering sessions in French. CHNC AGM taking place on May 16 in Halifax.

3.1.2.5 Bylaw revisions*

Katie Described proposed changes and rationale for these changes to the CHNIG bylaws. A table had been posted on the website with this information prior to the meeting e changes and rationale

Bylaw number	Proposed New wording or addition	Moved, Seconded, Vote results
III A	practicing or non-practicing registered nurses	Moved: Yvette Laforet Fliesser, Second: Maureen Cava, Carried
IV A	1. Co-lead Research, Education and Professional Development	Moved: Lorraine Telford, Second: Leanne Siracusa, Carried
IV A	2....and other organizations who have similar goals to CHNIG.	Moved: Jane Underwood, Second; Ruth Schofield Carried
VII A	11. Ensure the submission of quarterly Members Voices reports to home office and attend (or assign designate) Assembly meetings 12. Represents CHNIG at RNAO or other external committees	Moved: Joyce Fox, Second; Yvette Laforett-Fliesser, Carried Moved: Joyce Fox, Second: Marlene Slepko, carried

VII D	<p>5. Distribute and ensure completion of Accountability Agreement by new executive committee members.</p> <p>6. Maintain a master file of active, original accountability agreements.</p>	<p>Moved; Adeliene Falk Raphael, Second; Marlene Slepkov, Carried</p> <p>Moved; Leanne Siracusa, Second: Audrey Danaher, Carried</p>
VII E	<p>8. Act as CHNIG's rep on the finance committee of the CHNC conference in years it is in Ontario.</p> <p>9. Chair and coordinate the finance committee.</p>	<p>Moved: Lorraine Telford, Second: Marlene Slepkov, Carried</p> <p>Moved: Ruth Schofield, Second: Jennifer Tonn Carried</p>
VII G	<p>1.The member at large OPHA is a member of the OPHA board.</p> <p>4...by contributing to OPHA activities including contributions to communications such as the OPHA newsletter</p>	<p>Moved: Joyce Fox, Second Ruth Schofield, Carried</p> <p>Moved; Jennifer Tonn, Second: Joyce Fox, Carried</p>
XI	<p>Name change to Ad Hoc cttee (a temporary committee formed to handle a particular issue, situation or for a specific purpose)</p>	<p>Moved: Joyce Fox, Second; Ruth Scofield, Carried</p>
XI A	<p>2....when interest is expressed by at least 5-7 members</p>	<p>Moved, Marlene Slepkov, Second, Leanne Siracusa Carried</p>
XIVA	<p>1. Monitor and maintain the CHNIG Facebook Page</p>	<p>Moved: Joyce Fox, Second, Leanne Sirausa Carried</p>
XIV C	<p>2. Maintain awareness with the political context including the key politicians and relevant political issues and events (e.g. upcoming elections)</p> <p>3. Participate in Queens Park Day and relevant follow up with politicians</p> <p>4. Establish relationships with key politicians and/or network/stakeholders in collaboration with the president, CHNIG executive, home office, RNAO members, colleagues in other disciplines and community partners</p>	<p>Moved, Leanne Siracusa, Second: Ruth Schofield, Carried</p> <p>Moved: Jennifer Tonn, Second: Audrey Danaher, Carried</p> <p>Moved: Marlene Slepkov, Second; Leanne Siracusa, Carried</p>
XIV D	<p>5. Represents CHNIG at RNAO and external committees as required</p>	<p>Moved; Jennifer Tonn, Second: Yvette Laforet-Fleisser, Carried</p>

3.2 Presentation and thank you to departing Executive Team members

A huge thank you and best wishes to retiring CHNIG executive members.

-Kim Dalla Bona

-Pam Boyer

-Samantha Thomson and Kristen Bilfed

3.3 Nominations and elections*

Nominations for the following positions on the CHNIG executive (**In Bold**):

President: Katie Dilworth

President Elect:

Treasurer: Annette Sonneveld
Secretary: Debra Williams-Conliffe
Professional Practice – Public Health: Audrey Danaher
Professional Practice – Home Health: Karen Thompson
Communications – Website: Susan Tam
Communications – Newsletter: Zonica Vujnic
Research & Education and Professional Development:
Members Benefit: Barbara Kennedy
Political Action: Leanne Siracusa
Member-at-Large (OPHA):
Student Representatives:

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

3.4 Introduction of President and 2011-2012 Executive

Introducing the 2011-2012 executive. Welcome to our new members.

President: Katie Dilworth
President Elect: **Jennifer Tonn**
Treasurer: Annette Sonneveld
Secretary: Debra Williams-Conliffe
Professional Practice – Public Health: Audrey Danaher
Professional Practice – Home Health: Karen Thompson
Communications – Website: Susan Tam
Communications – Newsletter: Zonica Vujnic
(Co lead) Research, Education, Professional Development: Joanne Crawford
(Co lead) Research, Education, Professional Development: Barb Chuzzy
Members Benefit: Barbara Kennedy
Political Action: Leanne Siracusa
Member-at-Large (OPHA):Cindy Baker-Barill
Student Representatives: Randie Gregorie, Christine Joy Quizon

3.5 Member voices

Maureen Cava- nursing housing stories

May Tao-BPSO and Toronto Public Health

3.0 Guest Speakers: Karen Parkinson and Susan Tam

Karen Parkinson is a stage 2 E-health champion and presented the CHNIG members: E-health and its implications for Community Health Nursing
Susan Tam gave members a tour of the CHNIG website .

4.0 Adjournment 11 am

Moved to adjourn meeting Maureen Cava, Seconded Ruth Schofield, Carried