ORIENTATION:
TRANSITION TO PUBLIC HEALTH NURSING in the NORTHWEST TERRITORIES
Acknowledgements

The ORIENTATION: TRANSITION TO PUBLIC HEALTH NURSING IN THE NORTHWEST TERRITORIES toolkit was adapted from the Algoma Public Health and ANDSOOHA: Public Health Nursing Management in Ontario Orientation Toolkit. Certain terms, agency names, and governmental procedures have been changed to reflect Northwest Territories (NWT) policy and practice.

This toolkit includes references, resources and websites for both the Northwest Territories and Ontario and is available to download from the Department of Health and Social Services (DHSS), Government of the Northwest Territories (NWT) website at http://careers.hlthss.gov.nt.ca.

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Introduction

This section is intended to assist new graduates and those new to public health to interpret their experiences in becoming a public health nurse.

*Every beginning is a consequence.*
*Every beginning ends something.*

*Paul Valéry, French poet*
Orientation: Transition to Public Health Nursing

William Bridges (2003) described a process of adapting to life changes as a psychological transition and a three-phase process that people go through as they internalize and come to terms with the details of a new situation that a change such as a new job brings. A psychological reorientation is often involved (Schoessler and Waldo, 2006). Transition is a process by which people unplug from an old world and plug into a new world. According to Bridges, it starts with an ending (the ending you’ll have to make to leave the old situation behind) and finishes with a beginning.

The first step of the psychological transition process involves letting go of the old reality and the old identity you had before the change took place. You may, for example, have to let go of previous colleagues or fellow students.

The second step in the transition process is the neutral zone. Bridges calls the neutral zone the psychological no-man’s land between the old reality and the new one—the state between the old sense of identity and the new one. The new way of doing things doesn’t seem comfortable yet. You may be surprised when you experience the neutral zone. This is a time when people get discouraged easily, and it takes a heavy toll on people’s self-confidence.

The neutral zone is at the very core of the transition process: during which you learn new skills, knowledge, and values. New habits develop that will be useful as you focus on public health nursing.

Beginnings depend on endings. Experiencing an ending or letting go often involves a grieving process. Beginnings are marked by a release of new energy in a new direction: a sense that you “have made it.” They take place when people are ready to make a commitment to the “new way” and see themselves as new people, for example, as public health nurses. Beginnings are a cause for celebration. You’ve crossed the bridge and are on the other side!

**Questions for Reflection**

1. Where are you now in your transition to public health nursing, according to Bridges’ three-step process?

2. Did you experience or are you experiencing the discomfort that is characteristic of the neutral zone?

3. What steps have you taken or will you take to celebrate your beginnings?
Instruction for Users

TYPES OF ORIENTATION

Orientation in public health units/community health centres can take a variety of forms (Figure 1). If you have been hired into a health unit/community health centre, you may attend an Authority orientation session where you will learn about various regional sites and the functions of the health unit/community health centre. You may attend an orientation session for your health unit/community health centre or your department. During the health unit/community health centre orientation you will learn about the goals and mission of the workplace, the organizational structure, and how your program or position fits into the organizational chart. Personnel or human resources policies and procedures are often presented. As a public health nurse, you will also receive orientation concerning your role within a program or team. This type of orientation will be organized by your manager, program coordinator, or supervisor. Often it involves a planned one-to-one pairing with a preceptor over a specific period of time. Topics in this program-specific orientation reflect the work you will be doing, such as home visiting, organizing a media campaign or providing immunizations at a flu clinic. This Orientation: Transition to Public Health Nursing in the Northwest Territories provides a general orientation to public health nursing and differs from a program-specific orientation that is aimed at your specific role and responsibilities within the team. It was designed by public health nurses, public health nurse managers, and educators to inform you about the foundations of public health nursing practice, public health nursing in the Northwest Territories (NWT), and the knowledge and skills required in public health nursing. The orientation information consists of three modules. This information will assist you to perform your nursing responsibilities competently within the context of current public health practice in the Northwest Territories and is intended to expose you as a new hire to a broader view of public health than you may receive in your program-specific orientation. This general orientation may occur simultaneously with your program-specific orientation and you should complete it within three to six months of beginning to review the modules.

FIGURE 1 TYPES OF ORIENTATION

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1 In the NWT, Public Health Nurses are currently working in public health units located in Inuvik, Hay River, Fort Smith, and Yellowknife. In other towns and hamlets, Community Health Nurses incorporate the role of Public Health Nurses within their scope. In this document, the term public health nurse will apply to the public health nurse roles—whether in a public health unit or a community health centre or other workplace. (ISDM Model for the NWT HSS System, 2004).
VI Introduction

USING THE ORIENTATION PACKAGE

At your own pace!
You may have acquired skills, knowledge, training, or competencies through other work experiences. Please consider these experiences when approaching each module. You may be able to review some of the module topics more quickly than others. The best way to determine how much effort you will need to invest to master the information is to review the description at the beginning of each module and then review the learning outcomes, which describe what you need to know about each topic. If you feel that you can sufficiently address the learning outcomes and you are easily able to complete the learning activities, move on to another section in the module. You can revisit the skipped information later.

Use of the Term “Guide”
One goal of orientation is knowledge enhancement; another is effective support. It is important that you receive support both for enhancing your knowledge and in adapting to your role, responsibilities, and teams in the public health unit. Therefore, a “guide” will be assigned by your manager, program coordinator, or supervisor. In smaller health units, your guide may be your manager, program coordinator, or supervisor. This individual will assist you with your learning activities and provide you with more in-depth information about “how things work around here.” This individual has been selected for their knowledge, clinical judgment, and ability to support you in transition. The orientation package is organized to resemble a journey, and the term “guide” was selected to be consistent with this theme. The guide provides navigational advice, leadership, and counsel for your journey.

Supporting Texts and Documents (ISBN numbers included)
These texts are used in the modules to enhance your learning. Your guide will tell you how or where to access these resources to complete the modules.


The following texts would assist your learning but are not necessary to complete the modules.

Please have the following documents at hand when you are completing the orientation package.


**Overview of the Orientation Package**

As mentioned above, the orientation package is organized to resemble a journey. You will note images of healthy ways of travelling, for example, hiking, cycling, and skiing, scattered throughout the modules. You are the traveler in the orientation. The topics in the modules were selected and developed by practicing public health nurses, educators, and managers because, in their judgment, it is essential that you grasp these issues if you are to become an innovative, successful public health nurse. Timelines to complete the modules should be discussed with your manager or supervisor and your learning as you work through the modules should augment your program-specific learning.

The information in this orientation package has been designed to be reviewed over time, not within a short period. Modules can be reviewed and learning exercises completed as time becomes available during your day or week. You may wish to set aside a specified time on one day a week to work on the modules. You could complete the whole orientation package over two months or you could complete the sections that meet your immediate learning needs with an intention to complete the other sections over a particular time span. To get the most out of this learning experience, take time to make connections with others as suggested in the modules, complete the learning activities and discuss your learning successes and challenges with your guide, your manager and fellow new hires.

You may wish to view the modules on-line or download the modules, depending on your learning style, your workstation access and the preference of your manager. You may have access to a previously printed *Orientation: Transition to Public Health Nursing in the Northwest Territories* package. It is important to confirm that you have the latest version the package by examining the date on the title page of the document. Check for updates on the DHSS website at http://careers.hlthss.gov.nt.ca
Evidence-informed Practice
Nursing practice is based on various types of evidence, including experimental and non-experimental research, expert opinion, and historical and experiential knowledge. It is shaped by theories, values, client choice, clinical judgment, ethics, legislation, and work environments. “Evidence-informed decision-making is a continuous, interactive process involving the explicit, conscientious, and judicious consideration of the best available evidence to provide care” (Canadian Nurses Association, 2002).

To assist you in making evidence-informed decisions in your public health nursing practice that are based on the best available evidence, the information and resources presented throughout the modules are based on best evidence in public health. Links to best evidence websites are provided as resources for you to use in your practice during orientation or afterwards.

Professional Development Plan
Continuing competence is a requirement for nurses practicing in the NWT. Visit the following website to see the RNANT/NU professional development plan (PDP) and information on completing your PDP. You will see how this orientation package can dovetail into your annual continuing competence requirement:

- Registered Nursing Association of the Northwest Territories and Nunavut Self Assessment Tool: Continuing Competence

Use of the Professional Development Plan
The professional development plan is intended as a record for your personal use. You may identify a topic in the modules that you would like to learn more about or that you do not feel confident that you have mastered. Owing to time constraints, you may have to leave that topic and go on in the module but you may wish to come back to that topic at a later date. The professional development plan will help you to track such topics. The professional development plan will assist you to develop objectives, resources, and measurement outcomes related to future learning needs.

Your guide will assist you to identify and develop resources to meet your learning needs and to establish appropriate timelines to meet the objectives of your professional development plans. You may wish, from time to time, to check your progress or status. Use the last column in the professional development plan to record whether or not you have met your objectives. This may help you to set goals during your initial performance appraisals with your manager, program coordinator, or supervisor.
The Modules

The three modules contain information that module developers considered the most important for new public health nurses. The modules are broad and far ranging in scope, owing to the broad nature of public health nursing.

The modules include many resources to enhance your continuous learning. You may not have time during your general nursing orientation period to view all the resources in the orientation package but you will be able to return to the resources throughout your nursing practice for more in-depth consideration. In fact, the information in the modules may become more relevant the further you advance in clinical experiences.

A recent survey and a literature scan informed the development of the topics included in these modules. The content may seem too theoretical or too academic when you are beginning your practice. Please keep in mind that these topics are relevant to your practice, but your practice may have to evolve for you to integrate this learning through your professional experiences. As one recent hire to a health unit/community health centre who reviewed the material noted:

> “Personally I find that if I review something before it applies to my practice it is hard to really grasp the concepts. So having learned this in school it was hard to see how it applied at the time. Having experience in public health I can now see how it [the information] fits and it makes more sense.”

The topics identified in a recently reported survey of the continuing education needs of community health nurses in Ontario and Nova Scotia, confirmed by a phase 2 cross Canada survey, match the topics selected by the module developers for this orientation package. Items such as the Ottawa and Jakarta charters, population health, and collaborative practice topped the list of continuing education learning needs of community health nurses (Valaitis, Schofield, Akhtar-Danesh, et al., 2008; and Schofield, Valantis, Akhtar-Danesh et al, 2009). A literature scan on the orientation of new nurses in general and of new public health nurses in particular revealed that new nurses need to familiarize themselves with topics such as population health and health promotion.

This orientation package is only one part of your learning about, and adjustment to, public health nursing. There are other formal and informal professional development opportunities available through your employer, through your education department, through the professional associations you join, or through personal contacts with your managers or other mentors.

In this orientation package, you will be introduced to three important practice expectations that will appear throughout the modules. One is the Canadian Community Health Nursing Standards of Practice, the second is the Core Competencies for Public Health Nursing in Canada, and the third is the Public Health Nursing Discipline Specific Competencies Version 1.0. These three expectations are addressed in detail in module 1 and are integrated into modules 2 and 3.
Learner Support and Assistance

Orientation has been characterized as a complex process that involves many people and resources (Connelly and Hoffart, 1998). The successful implementation of an orientation within a complex organization such as a health unit/community health centre requires the cooperation and commitment of various groups of people. Orientation is viewed as a shared responsibility among educators, administrators, and nurse managers (Connelly and Hoffart, 1998).

Although this orientation package was designed as a self-learning package, the module developers intended that your guide would be available to assist you in meeting the learning objectives of the modules. Your guide will then verify to your employer that you have met the learning requirements. Not often, but sometimes, these relationships do not work out. In this instance, consider notifying the individual who assigned the guide to let her or him know that the relationship did not work out. Please remember that the responsibility for the success of your orientation process does not lie with you alone; it is shared.

Navigation Aids through the Modules

The following icons are used throughout the modules:

This icon lets you know you are about to engage in a learning activity.

This icon lets you know that a more detailed look at the topic is required. Be prepared to go deep!

This icon indicates a section that gives you an opportunity to put your learning in a broader perspective. You will be asked to think about the relevance of the material in the section and jot down a few notes.

Web Links

There are many web links within the modules. At the time of writing, the websites were functioning; however, web addresses may change over time. In that case, search the main website using the title of the article. Ask your guide for assistance if you continue to have difficulty.

Have a great journey, and best wishes for a successful transition to public health nursing!
REFERENCES


Glossary of Frequently Used Terms

Advocacy
A combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular health goal or program (World Health Organization, 1998, p. 5).

Community
A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships that the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values, and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them (World Health Organization, 1998, p. 5).

Competency
A competency “defines the actual knowledge, skills, and abilities in practice described in behavioural terms necessary of a health professional and serves as a base for assessing competence” (Community Health Nurses of Canada, 2008)

Cultural Competence
Culture is individually defined and expressed. This concept integrates the knowledge, attitudes, and skills that the nurse would use to plan effective and appropriate interventions. It is a process that includes a genuine passion to be open and flexible with others, to accept differences and build on similarities, and to be willing to learn from others as cultural informants (Andrews & Boyle, 2003; Camphina-Bacote, 2002, as cited in Edmunds & Kinnaird-Iler, 2008).

Cultural Safety
The main themes of cultural safety are that we are all bearers of culture and that we need to be aware of and challenge unequal power relations at the level of individual, family, community, and society. Cultural safety draws our attention to the social, economic, and political positions of certain group within our society. Cultural safety reminds us to reflect on the ways our health policies, research education, and practices may recreate the traumas inflicted upon Aboriginal peoples, other minority groups and immigrants. (Adapted from the First Nations Health Managers, 2008).
**Epidemiology**
The study of the distribution and determinants of health-states or events in specified populations, and the application of this study to the control of health problems (Last, 2000).

**Empowerment**
A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological, or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social, and cultural action to meet those needs.

**Group**
People who interact and share a common purpose or purposes. Note: There is no clear distinction between a group and a community except that groups tend to have fewer members than a community.

**Health Program**
A description or plan of action for an event or sequence of actions or events over a short or prolonged period of time. More formally, an outline of the way a system or service will function, with specific information, such as roles and responsibilities, expected expenditures, and outcomes. A health program is generally a long-term and often multifaceted activity, whereas a health project is a short-term and usually narrowly focused activity.

**New Hire**
A newly hired registered nurse within a public health setting who either is a new graduate or is new to public health but may have experience in other health care settings (ANDSOOHA, Nursing Mentorship Guide, 2005, p. 10).

**Partnerships**
Relationships between individuals, groups, or organizations in which the different participants in the relationship work together to achieve shared goals. Partnership involves active and flexible collaboration between health care providers and clients, individuals, and communities, it includes choice, accountability, dignity, and respect, and it focuses on increasing clients’ capacities for self-reliance using empowerment strategies (Hitchcock, Schubert & Thomas, 1999).

**Population**
A collection of individuals who have one or more personal or environmental characteristics in common (Stanhope and Lancaster, 2002, p. 24).

**Role**
A set of expectations about behaviour ascribed to a specific position (Sullivan & Decker, 2009).
Social Justice
A concept in which a society gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income. The goal of public health – to minimize preventable death and disability for all – is integral to social justice.

Standards
“The knowledge, skills, judgment, and attitudes needed to practice nursing safely” (Community Health Nurses of Canada, 2008, p. 5).

Teams
Real groups in which people work cooperatively to achieve some goal (Sullivan & Decker, 2009).

Definitions are taken from the Canadian Community Health Nursing Standards of Practice document first published in 2003 and revised in 2008 or from the Core Competencies for Public Health in Canada, Release 1.0. Some of the definitions are referenced in the reference list provided in this section.
Module 1

Foundations of Practice
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Overview

The module is divided into four sections.

- Section 1 — Core Functions and Approaches — explores the approaches that are commonly used to address the health of populations.
- Section 2 — Governance and Legislation — examines the three levels of government along with associated funding and legislation that influence the provision of care and services in public health.
- Section 3 — Canadian Community Health Nursing Standards of Practice and Core Competencies for Public Health — explores how the Canadian community health nursing standards of practice and the core competencies for public health shape the practice of public health and public health nursing.
- Section 4 — Values and Ethics — explores the values and ethical principles that guide public health practice.

This module focuses:

- on the foundations of practice that underpin public health nursing practice.
Section 1
Core Functions and Approaches of Public Health Practice

The goal of the public health sector is to promote and maintain the health of groups, communities, and populations. The public health system aims to keep people healthy through the following core functions: health promotion, disease and injury prevention, population health assessment, health protection, and surveillance (Public Health Agency of Canada, 2007). These functions are carried out using a variety of approaches. In this section three common approaches to health will be examined:

- the population health approach;
- the primary health care approach; and
- the socio-environmental approach.

AFTER COMPLETING THIS SECTION, YOU WILL BE ABLE TO:

- Define the determinants of health and relate them to public health practice;
- Determine the actions associated with the key elements of population health;
- Differentiate between an individual health approach and a population health approach;
- Explain the importance of addressing disparities among client populations;
- Relate the principles of primary health care to health promotion and disease prevention;
- Provide examples of the five key strategies for health promotion that are essential for success; and
- Apply public health approaches to public health nursing practice scenarios.

Before beginning your journey through this module, visit www.opha.on.ca/media/ebulletins/Mar08/assocupdt.html and listen to the poem “Stolen from Africa.” While you are listening, think about all of the factors that affect health in this poem. These factors will be addressed throughout the module. If you have limited knowledge of the population health approach, you may wish to read the following section and then listen to the poem.
POPULATION HEALTH APPROACH
The population health approach aims to improve the health of the entire population and to reduce health inequities among population groups (Public Health Agency of Canada, 2008). This approach has as its basis a broad notion of health that recognizes that health is a capacity or resource and that recognizes the range of social, economic, and physical environmental factors that contribute to health. The goals of the population health approach are to:

✓ Maintain and improve the health status of the entire population and
✓ “Reduce inequities in health status between population groups” (Health Canada, 2001, p.7).

To continue on your discovery of the population health approach, make a 30-minute stop at the Web site of the Canadian Institute for Health Information (CIHI) and complete the learning module entitled Canadian Population Health E-Learning Course: An Introduction to Population Health (http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_e_module_jan2007_e). You will need a use ID and password from CIHI in order to register in this course.

Now that you are more familiar with the population health approach, apply your knowledge by answering the following questions:

LEARNING ACTIVITY #1
Population Health Approach
a) What actions or activities could you as a public health nurse undertake to address determinants of health?
b) In the CIHI E-learning module, the need to invest upstream is discussed in relation to the population health approach. Describe your understanding of the term upstream investment in relation to the health outcomes of the population with which you are going to be working.

PRIMARY HEALTH CARE APPROACH
The primary health care approach was embraced by the World Health Organization (1978) as the optimal way to deliver effective health care services. This approach is not only a philosophy of health care but also an approach to the provision of health services. The primary health care approach promotes health and prevents illness while focusing on promotive, preventive, curative, rehabilitative, and supportive or palliative care (Canadian Nurses Association, 2000). Read the fact sheet entitled “The Primary Health Care Approach” published by the Canadian Nurses Association, located at http://www.cna-aiic.ca/CNA/documents/pdf/publications/FS02_Primary_Health_Care_Approachjune_2000_e.pdf
Health Disparities

The term “health disparities” refers to the wide variations in health services and health status among certain population groups defined by specific characteristics (Canadian Public Health Association, 2005). Health disparities are outcome measures that reveal inequities and inequalities or both between populations.

“Equity is a political concept...that entails fair distribution of resources and access within and among various population groups” (Smith, Jacobsen, & Yiu, 2008, p. 112). Health inequities “are deemed to be unfair or stemming from some form of injustice” (Minister of Health, 2005, p. 25). Examples of health inequities are reduced access to health care services for those in rural communities and reduced access to medication owing to an inability to pay. The concept of social justice calls for all members of a society to have equal opportunities for good health through political, social, and economic structures (Smith, Jacobsen, & Yiu, 2008) to address inequities.

Health inequalities, on the other hand, are differences in the health achievements or risk factors of individuals or groups (Minister of Health, 2005). Risk is an epidemiological term that quantifies an individual’s probability of illness. Some individuals have a higher risk of illness than others. For example, a smoker is at greater risk for developing lung cancer than a non-smoker, but not every smoker develops lung cancer. Some individuals who are at risk of developing an illness end up being burdened with that health problem whereas others at risk are not. The connection between social justice and health inequalities is not as clear as the connection between social justice and health inequities. However, vulnerable populations are particularly sensitive to the effects of risk factors for disease (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008).

As you continue on your journey, the fork toward the population health approach veers to the north. You come to a sign that reads:

*Welcome to Canada’s remote north ... the land where you are more likely to have a disability, your life expectancy is reduced to the lowest in Canada, [and] you are more likely to be obese, smoke, and drink heavily.*

*(Minister of Health, 2005).*

LEARNING ACTIVITY # 3

Health Disparities

According to the discussion paper entitled “Reducing Health Disparities — Roles of the Health Sector: Discussion Paper” the four strongest predictors of health disparities are as follows (please list):
1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________

Socio-environmental Approach

A number of sources have contributed to the development of thinking about health from a socio-environmental perspective. The Lalonde Report (Lalonde, 1974) was instrumental in recognizing health promotion as a strategy for improving the health of populations and suggested a framework for health that included not only the availability of health services but also lifestyle, human biology, and the environment as factors influencing health. A report released in 1986 entitled “Achieving Health for All: A Framework For Health Promotion” recognized the impact of the economic and social influences on health (Epp, 1986). This report made it clear that a health-promoting approach was as much the responsibility of society as the individual. This new philosophy influenced the development of the Ottawa Charter for Health Promotion (World Health Organization, 1986). The Ottawa Charter stresses that in order to promote health, equity in health needs to be considered (Cohen, 2008).

The Ottawa Charter defines the following five strategies to decrease inequities between populations that are essential for successful health promotion:
1. building healthy public policy;
2. creating supportive environments;
3. strengthening community action;
4. developing personal skills; and
5. reorienting health services
The Jakarta Declaration (World Health Organization, 1997), which was signed at a World Health Organization conference in Jakarta in 1997, emphasizes the importance of the agreements in the Ottawa Charter and draws attention to certain aspects of health promotion for the 21st century. The Jakarta Declaration states an intention to:

- Promote social responsibility for health;
- Increase investment in health development;
- Expand partnerships for health promotion;
- Increase partnerships for health promotion;
- Secure an infrastructure for health promotion.

This declaration recognizes that participation is necessary for change, that health literacy is essential for participation, and that the combination of the five action areas cited above is more effective than a single strategy (World Health Organization, 1997).

The socio-environmental approach, also known as the health promotion approach, is not only one of the principles of primary health care but there is also worldwide evidence that it is effective in improving the health status of individuals and aiding in the achievement of greater equity in health (World Health Organization, 1997). The health-promoting strategies defined in the Ottawa Charter can assist individuals, groups, and communities to develop healthy lifestyles through their impact on the environmental, social, and economic conditions that determine health.

As you continue on your journey toward an understanding of the socio-environmental approach to health and the concepts of health promotion, stop at the Ontario Health Promotion Resource System and participate in the HP-101 Health Promotion On-line Course located at http://www.thcu.ca/hp101/eng/main.cfm. Complete Module 1 (Definitions and Concepts) and Module 3 (Models of Health and Health Promotion) (these will take approximately 20 minutes each to complete).

**LEARNING ACTIVITY # 4**

**Socio-Environmental Approach**

Identify one of the five health-promoting strategies from the Ottawa Charter that your team uses and discuss how it is used in your area of work. Ask your guide for help if you need it.
Population Health Promotion Model

In this section, the various approaches to improving the health of populations are examined. The primary focus of the population health approach is on the key determinants of health responsible for disease and death, whereas the primary focus of the socio-environmental (health promoting) approach is on strategies that reduce health disparities related to the key determinants. For example, a public health nurse assigned to a high school is working with a group of 14- to 18-year-old students on the issue of smoking. If the public health nurse were to take a population health approach, she or he may wish to work collaboratively with addiction specialists to identify and assess smoking cessation interventions that have been shown to be effective with youth for implementation within the school. If the public health nurse were using a health-promoting approach, she or he may consider strengthening community action by having students lobby the government to ban the use of tobacco products in movies.

The population health promotion model (Hamilton & Bhatti, 1996) was developed to clarify the relationship, which has been described as synergistic, between these two approaches. As shown in Figure 1, strategies for health promotion are listed on the right side of the model, the determinants of population health are listed on the front side of the model, and various levels of intervention are listed on the top of the model. The model can be used from any perspective: the determinant one wishes to influence, the action strategy one wishes to use, or the level at which an action will be taken (Cohen, 2008). The model can be used to plan actions or to address health concerns of groups at risk.

FIGURE 1


\[\text{In the NWT, Public Health Nurses are currently working in public health units located in Inuvik, Hay River, Fort Smith, and Yellowknife. In other towns and hamlets, Community Health Nurses incorporate the role of Public Health Nurses within their scope. In this document, the term public health nurse will apply to the public health nurse roles -whether in a public health unit or a community health centre or other workplace. (ISDM Model for the NWT HSS System, 2004).}\]
The Canadian Community Health Nursing Standards of Practice (discussed later in this module) identify the socio-environmental approach to health as the basis of community health nursing practice by encouraging public health nurses to seek the causes of illness and disease and to facilitate change through the application of the population health promotion model (Cohen, 2008).

**REFERENCES**


Section 2

Governance and Legislation

AFTER COMPLETING THIS SECTION, YOU WILL BE ABLE TO:

✓ Distinguish among the three levels of governance guiding public health practice;
✓ Explain the various funding configurations of public health and how they directly affect your work as a public health nurse;
✓ Examine the responsibilities of each level of governance as it supports public health initiatives;
✓ Discuss how the Northwest Territories Public Health Act informs the work of the public health nurse; and
✓ Identify the legislative documents that are most relevant to your area of practice.

INTRODUCTION

The public health system is an extensive collection of governmental, nongovernmental, and community organizations operating at the community/regional, territorial, and federal levels with varying roles, perspectives, and linkages. The different levels of government and governing bodies collaborate to monitor, analyze, and manage threats to public health and to promote the health of the public. Public health practitioners work at the federal, territorial, and regional/local levels (Atlantic Provinces Public Health Collaboration, 2007).


Territorial: At the territorial level, legislation such as the Public Health Act defines regulations that outline the responsibilities of the territories for the delivery of front-line public health programs and services. In the Northwest Territories, the Public Health Act directs the work of public health. The Northwest Territories has a chief public health officer (CPHO) who is responsible for the development of effective public health programs and services that promote and protect the health of the people of the Northwest Territories. The programs include public health, health promotion, environmental health, disease control, and epidemiology. The chief public health officer provides an annual report to the Deputy Minister of HSS about the state of public health in the Northwest Territories.
Regional/Community: The Hospital Insurance and Health and Social Services Administration Act calls for the establishment of boards of management trustees, at the regional/local level, who govern the public health programs and services. Each health and social services authority has a public health officer (PHO) who uses population health knowledge and skills to play leading and collaborative roles in the maintenance and improvement of the health and well-being of the community. Through inter-disciplinary and inter-sectoral partnerships, the public health officer measures the needs of populations and develops strategies for improving health and well-being, through health promotion, disease prevention, and health protection (ISDM Model, 2004).

FEDERAL GOVERNANCE
Most nations have devolved responsibility for the health of their populations to a public health entity. “...The treatment of illness in individuals is different from public health’s focus on preventing disease and protecting the health of a population” (Atlantic Provinces Public Health Collaboration, 2007, p. 10). Interested in learning more? Visit http://www.gov.ns.ca/hpp/publications/PH-101.pdf and read pages 10–14 to learn about the history of public health in Canada. The federal government supports the health care system by providing funding for health care services through cash and tax transfers to the provinces and territories but the actual delivery of services is generally a provincial or territorial responsibility (Health Canada, 2004).

Health Canada
Health Canada’s mandate is to help Canadians maintain and improve their health. Health Canada’s responsibilities for health care include setting and administering national principles for the health care system through the Canada Health Act and delivering health care services to specific groups such as First Nations on reserve and Inuit populations and veterans.

Public Health Agency of Canada
The Public Health Agency of Canada is a federal body, established under legislation, that is linked to Health Canada through accountability to the federal minister of health. Its mission is “to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health” (Public Health Agency of Canada, 2008). The Public Health Agency of Canada works closely with public health bodies in the provinces and territories to keep Canadians healthy and reduce pressures on the health care system; it focuses on preventing chronic diseases and injuries and responding to public health emergencies and infectious disease outbreaks (Public Health Agency of Canada, 2008). Recently, the agency engaged in several initiatives to strengthen the public health system in Canada. One of these initiatives was the development of national competencies for all

If you would like to explore the federal government’s role further, visit Health Canada Web site at: www.healthcanada.gc.ca and the Public Health Agency of Canada Web site at: www.phac-aspc.gc.ca/about_apropos/index-eng.php
The Public Health Agency of Canada Act can be found at: http://laws.justice.gc.ca/PDF/Statue/P/P-29.5.pdf
public health professionals. It also funded the development of the Canadian Community Health Nursing Standards of Practice and Public Health Nursing Discipline Specific Competencies. These initiatives are covered in more detail in section 3.

LEARNING ACTIVITY # 5

Federal Governance

Test your knowledge of federal governance of public health in the following questions.

1. How does Health Canada support Canada’s health care system?

2. How does the Public Health Agency of Canada promote and protect the health of Canadians?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

TERRITORIAL GOVERNANCE

In the NWT, the Minister of Health and Social Services (HSS) is responsible for ensuring that the public health system provides and manages services according to government legislation, national and territorial standards and public priorities. The NWT DHSS depends on effective partnerships. The DHSS, the eight Health and Social Service Authorities (HSSA), other GNWT departments, the Government of Canada, non-government agencies, professional association, and the public all share responsibility for health and well-being in the NWT. This Integrated Service Delivery Model (ISDM) ensures that people across the NWT have better and more equal access to services (ISDM, 2004).

The Public Health Act

In the NWT, the Public Health Act provides for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of the health of the people in the NWT. This legislation outlines the roles of public health staff, including the chief public health officer, the health officer, public health nurses, and environmental health officers.

The Hospital Insurance and Health and Social Services Administrative Act

The Hospital Insurance and Health and Social Services Administrative Act specifies that the boards of management must provide or ensure the provisions of a minimum level of public health programs and services in specific areas.
Health and Social Services Authorities

The HSSAs are responsible for the planning and delivery of health and social services to the people of the NWT, as well as for the day-to-day management and administration of program and service delivery. (NWT Health and Social Services System Annual Report 2007/2008). Each of the eight HSSAs provide services to the communities within their boundaries. Community Health Programs are delivered to the communities by public health providers such as public health nurses, environmental health officer, nutritionists, dentists, health promotion specialists, community health workers and public health managers. There are 4 public health units in the NWT and 20 community health centres in the NWT. These public health units and community health centres also provide coverage to the smaller communities.

LEARNING ACTIVITY # 6

Public Health Act

Take a closer look at the Public Health Act (at http://www.justice.gov.nt.ca/PDF/ACTS/Public%20Health.pdf) and answer the following questions:

1. Under what circumstances can the chief public health officer direct a person to receive medical treatment? (See section 25 of the act.)?

2. Directives for health care professionals such as public health nurses are included in the Public Health Act. What does this legislation say about the duty to report notifiable diseases or immunizations? (See section 22 of the act.)

Reflect on the implications the Public Health Act has for you personally as a public health nurse. You may come to the following conclusions:

- What do these directives permit?
- What ethical challenges/social injustices might arise as a result of these directives? Give examples.
**NWT Community Health Nursing Program Standards and Protocols**

The *NWT Community Health Nursing Program Standards and Protocols* define the core programs delivered by public/community health nurses. These standards specify programs and services that all HSSAs are required to provide. They are minimum standards and do not reflect the complete scope of public health programming in the NWT. For example, some public health units/community health centres use an outreach program to deliver health care services to hard-to-reach populations, but this function is not included in the standards.

The *NWT Community Nursing Standards and Protocols* include a broad range of population-based activities, such as promoting healthy nutrition and physical activity. The concepts of population health and health promotion are embedded in the standards. Personnel from public health units/community health centres collaborate with community partners to design and develop programs. For example, public health nurses may partner with school board consultants and teachers to plan for and deliver nutrition workshops as one strategy to promote healthy nutrition. Although program standards are uniform across the NWT, health units/community health centres may tailor programs to their population, according to the four principles of need, impact, capacity, and partnership and collaboration.

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**LEARNING ACTIVITY # 7**

**NWT Community Health Nursing Program Standards and Protocols**

Follow the link below to learn more about the program standards:


- Go to pages 2 - 4 to see how the primary community care principles, outcome standards, process standards, and structural standards are linked.
- Determine with your guide which of the Northwest Territories public health standards are most relevant to your position in the health unit.
- Outline three health promotion activities that your area undertakes to meet the applicable program standard:
  1. _______________________________________________________________________
  2. _______________________________________________________________________
  3. _______________________________________________________________________
REGIONAL/COMMUNITY GOVERNANCE

Boards of Management for each HSS Authority provide NWT residents with the opportunity to shape priorities and service delivery for their communities. The Hospital Insurance and Health and Social Services Administration Act specifies the manner in which communities interact with their local boards of management. The board of management is the governing body of each of the 8 health and social services authorities in the NWT and is composed of appointed community members who represent the community or communities served by the board of management.

LEARNING ACTIVITY # 8

Other Acts
There are other legislative acts that direct public health practice in the Northwest Territories, a few of which are listed below. With the help of your guide, select the act that is most applicable to the program in which you are working. Discuss with your guide how this act relates to your area of practice.

Access to Information and Protection of Privacy Act
www.justice.gov.nt.ca/PDF/REGS/ACCESS_TO_INFO_(ATIPP)/ATIPP.pdf

Child Day Care Act

Civil Emergencies Measures Act

Tobacco Control Act
www.justice.gov.nt.ca/PDF/REGS/TOBACCO_CONTROL/Tobacco%20Control%20Regulations.pdf

LEARNING ACTIVITY # 9

Federal and Territorial Acts
Continue to build on your knowledge as you answer the following questions about acts directing governance of public health practice.

Indicate which of the following acts are federal and which are territorial? Please fill in the blanks.

a) Hospital Insurance and Health and Social Services Administration Act ____________

b) Public Health Agency of Canada Act ____________

c) Public Health Act ____________
Funding for public health programs comes from the federal government. This block-funding transfer of funds for the core programs is distributed by the Territorial government to the boards of management. About 90% of the funds are conditional and 10% are unconditional. Additionally, the DHSS GWNT distributes specific funds on a project proposal basis to HSSA and/or communities.

Boards of Management are also responsible for protecting the information and privacy rights of their constituents. This responsibility is guided by the Access to Information and Protection of Privacy Act (ATIPP). Visit this Web site to determine the 3 main responsibilities set out in this act: http://www.justice.gov.nt.ca/pdf/ACTS/Access_to_Information.pdf

**LEARNING ACTIVITY # 10**

**Level of Governance**

As you near the end of this section, take this opportunity to put together everything you’ve learned thus far. For each term in the following list, identify the level of governance and legislation in which it belongs. Place each term in the appropriate box on the following page.

- Chief Public Health Officer
- Public Health Act
- Health Canada
- Public Health Agency of Canada
- Civil Emergencies Measures Act
- Access to Information and Protection of Privacy Act (ATIPP)
- Federal Minister of Health
- Tobacco Control Act NWT
- Municipal by-laws (e.g., noise control, animal control, and property standards)
- Department of Health and Social Services
- Child and Family Services Division
- Prevention Services Unit
- Population Health Division
- Cities, Towns, and Villages Act
- Hospital Insurance and Health and Social Services Administration Act
You’re about to move on to your next destination...but before you go, reflect on what you’ve learned in this section, discuss it with your guide, and complete the following sentence:

Developing an understanding of how governance and legislation affect my practice as a public health nurse is important because...

GOVERNANCE AND LEGISLATION
REFERENCES


Section 3
Public Health Core Competencies AND Canadian Community Health Nursing Standards

AFTER COMPLETING THIS SECTION, YOU WILL BE ABLE TO:

✓ Describe how the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards are important guides to the practice of public health;
✓ Understand the competencies that guide all public health practitioners;
✓ Differentiate between the standards that guide all registered nurses and those that guide public health nurses in their practice; and
✓ Apply the Core Competencies in Public Health in Canada and the Canadian Community Health Nursing Standards to your own practice.

COMPETENCIES AND STANDARDS
Core Competencies for Public Health in Canada
The Core Competencies for Public Health are national competencies that reflect the knowledge, skills, and attitudes of all practitioners working in public health. The competencies assist practitioners to fulfill the core functions of the public health system. They are independent of program, topic area, and discipline and reflect a public health approach to health issues. Core competencies improve the health of the public by encouraging service delivery that is evidence-based, population-focused, ethical, equitable, standardized, and client-centered. They help to create a more unified workforce by providing a shared understanding of key concepts and practices in public health (Public Health Agency of Canada, 2007, p.1).

Released in 2007, there are 36 statements organized in the following seven categories:
✓ public health sciences
✓ assessment and analysis
✓ policy and program planning, implementation and evaluation
✓ partnerships, collaboration, and advocacy
✓ diversity and inclusiveness
✓ communication
✓ leadership

IN THIS SECTION YOU WILL:

✓ Become familiar with nationally defined Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice;
✓ Develop an understanding of how the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards guide public health nursing practice;
✓ Learn about the similarities and differences between the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice; and
✓ Understand the importance of evidence-based decision-making in public health practice.
Take a moment and scan the practice examples included for front-line providers in the core competency document (Public Health Agency of Canada, 2007, Appendix B, pp. 15–24); these will be useful for future reference.

In addition to the core competencies, there are other types of competencies that frame public health practice (Public Health Research, Education and Development Program, 2006):

✓ **Technical competencies** reflect the specialized knowledge and skills required by a certain group of public health professionals to carry out specific aspects of public health practice (e.g., infection control competencies).

✓ **Functional-area competencies** reflect the knowledge and skills required to perform certain functions or in certain positions (e.g., management, emergency preparedness).

✓ **Discipline-specific competencies** reflect the knowledge, skills, and abilities of a particular discipline. Several disciplines are currently developing their competencies with support from the Public Health Agency of Canada. The Canadian community health nursing standards of practice, which you will learn about later in this unit, informed the development of Public Health Nursing Specific Competencies Version 1.0 (May 2009).

To learn more about the **Core Competencies for Public Health in Canada** visit the following sites:

✓ the Web site Core Competencies for Public Health in Canada – developed by the Ontario Public Health Association and the Public Health Agency of Canada This module will take 30 minutes to complete. http://www.corecompetencies.ca

✓ the Web site of the Public Health Agency of Canada to learn more about the nationally defined core competencies for all public health professionals (download the document entitled "Core Competencies for Public Health in Canada: Release 1.0" and read the introduction and competency statements) (http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf).

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**LEARNING ACTIVITY # 11**

**Core Competencies**

After viewing the Web sites above, complete the following:

a) Identify one of the four goals of core competency development identified in the report "Building the Public Health Workforce for the 21st Century".

b) Name two ways in which the core competencies can be applied. Which of these apply to you now, as a new public health nurse?
EVIDENCE-INFORMED PUBLIC HEALTH

Evidence-informed public health “is the process of systematically finding, appraising and using contemporaneous clinical and community research findings as the basis for decisions in public health” (Jenicek & Stachenko, 2003, p. SR1). As a registered nurse, you are familiar with the professional standards of practice of the RNANT/NU (2006), which require nurses to use evidence to support decision-making and to ensure that their practice is based on evidence. In public health, using evidence to inform health policies and programs is a requirement of all public health staff under the Core Competencies for Public Health: Public Health Sciences. For example, a front-line provider would be expected, according to this core competency, to discuss how evidence from a recent study can be utilized in practice (Public Health Agency of Canada, 2007, p. 16).

Resources have been developed to assist public health professionals to attain and maintain the Core Competencies for Public Health: Public Health Sciences. These resources have been developed by public health researchers; current evidence in the literature is appraised and synthesized and the results are posted on Web sites or in a database. The purpose of these resources is to facilitate evidence-based decision-making concerning policies, programs, and interventions at the local and regional levels of public health across Canada.

To learn more about the seven stages of evidence-informed public health practice, visit http://www.nccmt.ca/eiph/index-eng.html and click on each of the seven folders.

LEARNING ACTIVITY # 12

Core Competencies

After reading the introduction and competency statements in the Public Health Agency of Canada document on core competencies discussed above, answer the following questions:

a) Complete this statement: Core competencies will benefit public health providers because

b) Choose three core competency statements and apply them to public health nursing in your program area.

An underlying concept of the core competencies for public health in Canada is evidence-based practice. The next section examines evidence-based (or evidence-informed) public health practice in more detail.
Now, try it out!
Select an issue of interest in your program with your guide. Search the two Web sites listed below to find the best evidence to guide your practice. Record your issue, question, and findings below.

**Health Evidence**: www.health-evidence.ca

The Effective Public Health Practice Project (EPHPP): click on systematic reviews http://www.phred-redsp.on.ca/

Your issue: __________________________________________

Your question: _________________________________________

Your findings: __________________________________________

**CANADIAN COMMUNITY HEALTH NURSING STANDARDS OF PRACTICE**

As a registered nurse, you are familiar with practice that focuses on the care of individuals and is guided by standards of practice developed by the territorial regulatory body, the RNANT/NU. Community health nursing is broader in scope: it includes nurses working in both home health and public health and is focused on improving the health of individuals, families, communities, and populations in a diverse array of settings. In 2003, the Community Health Nurses of Canada, funded by the Public Health Agency of Canada, developed a set of standards that support the enactment of primary health care principles and reflect the scope of practice of nurses working in the community. These standards, known as the Canadian Community Health Nursing Standards of Practice (CCHN standards), provide a framework for professional nursing practice in the community and have been integrated into continuing education, reflective practice, job descriptions, orientation, and performance appraisals. Public health nurses came under the umbrella of community health nursing with the introduction of these standards in 2003 (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008).

The five standards of practice are as follows (Community Health Nurses of Canada, 2008):

- Promoting health
  - health promotion
  - prevention and health protection
  - health maintenance, restoration, and palliation (this item is aimed at community health nurses, not public health nurses specifically)
- Building individual/community capacity
- Building relationships
- Facilitating access and equity
- Demonstrating professional responsibility and accountability

**The What and the How of Community Health Nursing Practice**

Figure 2 shows that the content of what community health nurses do in practice (i.e., Standard 1, Health Promotion) is supported by how we practise (i.e., Standards 2–5, Building Relationships, Facilitating Access and Equity, etc.) (E.(Liz) Diem, personal communication, September 28, 2008).
In this model of community health nursing, the five standards of practice are integrated with the values and beliefs that underpin public health nursing practice of improving the health of individuals, groups, communities, and populations and facilitating change in systems to support health.

These values and beliefs are as follows:

- multiple ways of knowing;
- caring;
- the principles of primary health care;
- individual/community partnership; and
- empowerment.

To complete your journey in this section, it is important to visit the Public Health Research and Development (PHRED) Web site (http://www.phred-redsp.on.ca/).

Many public health nurses ask how the Canadian community health nursing standards and the core competencies compare and how they affect their practice. On the PHRED site, click on the link “New PHN Standards and Competencies” and view the PowerPoint presentation entitled ‘Connecting the CHN Standards and PH Core Competencies’. Have a look at the Moyer diagram in the presentation. Moyer presents an interesting conceptualization of public health nurses, community health nurses, public health providers, and the Canadian community health nursing standards and the core competencies for public health.

**LEARNING ACTIVITY # 13**

**Canadian Community Health Nursing Standards**

a) Identify why the CCHN standards are important to nursing practice (review the purpose of these standards, p. 15 of the standards document).

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
The full use of the CCHN standards becomes a basic practice expectation for public health nurses two years after they start practising community health nursing. Before then, public health nurses new to community health nursing are expected to use the standards to a limited extent. Figure 3 outlines the expectations of a community health nurse related to using the CCHN standards over the duration of his or her career. Please note the step labelled “Registered nurses new to community health.” You may wish to discuss practice expectations with your manager with regard to the use of the CCHN standards during your first two years of practice. A good time to do this is during your performance appraisals.

### LEARNING ACTIVITY # 14

**Community Health Nursing Standards**

Select two programs within your health unit that you would like to know more about (e.g., injury prevention, immunization, sexual health). Speak with a public health nurse in each program to discover how they apply the CCHN standards in their work. (You may need the assistance of your guide to identify a public health nurse in each program.)

**Public health nurse #1**

- **Program:** __________________________
- **CHN standard:** __________________________
- **How it is applied:** __________________________

**Public health nurse #2**

- **Program:** __________________________
- **CCHN standard:** __________________________
- **How it is applied:** __________________________
LEARNING ACTIVITY # 15

Core Competencies and the CCHN Standards

Although the Core Competencies for Public Health define the essential knowledge, skills, and attitudes necessary for the broad practice of public health, public health nurses also meet the CCHN standards in their work with individuals, groups, communities, and populations. The scenarios below demonstrate how the work of a public health nurse articulates with these two practice requirements. For each scenario, identify the CCHN standard of the core competency that are being met.

*Public health nurses visit individual families to promote healthy pregnancies and parenting that support healthy child development. Public health nurses use individual, group, and community-wide education to promote healthy children and families. Public health nurses also use interpreters to ensure that there is equitable access to support for all families with children.*

CCHN standard(s): __________________________________________________________________________________________________________

Core Competencies for Public Health: __________ ________________________________
Public health nurses with a focus on sexual health provide services to the community with the goal of decreasing the rate of unplanned pregnancy as well as the incidence of and complications from sexually transmitted infections. These nurses provide a range of services, including counselling and health teaching through presentations, and face-to-face contact at clinics. Sexual health and sexually transmitted infection clinic sites review harm-reduction strategies and provide screening and treatment for sexually transmitted infections, provide free condoms and provide vaccination against hepatitis A and B to those who qualify.

CCHN standard(s):

Core Competencies for Public Health: __________________________

You’re movin’ on to our next destination...but before you go, you may want to reflect on the following:

Developing an understanding of how competencies and standards contribute to my practice as a public health nurse is important because...

REFERENCES


Section 4
Values and Ethics
in Public Health Practice

AFTER COMPLETING THIS SECTION, YOU WILL BE ABLE TO:

✓ Identify and discuss how ethical principles and values are part of the core functions that guide public health nursing;
✓ Compare and contrast the ethical underpinnings of the core competencies and the Canadian Community Health Nursing Standards; and
✓ Discuss the reasons that different types of ethical challenges arise in the work of public health nurses.

PUBLIC HEALTH NURSING VALUES
As a public health nurse, your practice will continue to be guided by the Canadian Nurses Association’s Code of Ethics (Canadian Nurses Association, 2008). Your practice will also be guided by the values and beliefs outlined in the Canadian community health nursing standards of practice and the attitudes and values embedded in the public health core competencies.

The Canadian Nurses Association’s Code of Ethics (2008) notes that “there are broad aspects of social justice that are associated with health and well being and that ethical nursing practice addresses. These aspects relate to the need for change in systems and societal structures in order to create greater equity for all” (p. 20). A public health nurse provides care not only to individuals and families but also to the community and society at large. The Code of Ethics states that nurses must recognize the significance of the social determinants of health and advocate for policies and programs that address these determinants.

The duty of protecting and promoting health and preventing disease in populations differentiates public health nurses from nurses in other sectors of the health care system. “...The duality of the public health nurse’s role - striving for the well-being of individual clients, while remaining focused on the welfare of the population - means that they may face ethical challenges not generally experienced by nurses in other spheres” (Canadian Nurses Association, 2006).

The following section outlines the values and beliefs embodied in both the CCHN standards and the core competencies. A learning activity follows that asks you to first compare the values and beliefs.
embodied in these two documents and then make a judgment about a situation in the community that you as a public health nurse serve.

The values and beliefs underpinning the CCHN standards are as follows:

✓ **Caring**
  - Public health nurses “recognize that caring is an essential human need but that its expression in practice varies across cultures and domains.” For example, when visiting the home of a new mother and her baby, the public health nurse considers cultural variations when choosing the best approach by which to share health information (e.g., it may be appropriate for the nurse to discuss the health teachings with the baby’s father, who will then share the information with his wife). This need to act in a way that is not consistent with the public health nurse’s own cultural values may challenge her personal belief system.

✓ **The principles of primary health care**
  - Public health nurses “recognize that primary health care is a different way of thinking about health and health care that is fundamental to their practice.”

✓ **Multiple ways of knowing**
  - Public health nurses “integrate multiple types of knowledge into their practice.” These include the essential concept of ethics as well as the concepts of aesthetics, empirics, personal knowledge, and sociopolitical knowledge (Community Health Nurses of Canada, 2008, p. 7).

✓ **Individual/community partnership**
  - Public health nurses “believe that it is paramount to have the individual/community as an active partner in decisions that affect their health and well-being.”

✓ **Empowerment**
  - Public health nurses “recognize that empowerment is an active, involved process where people, groups, and communities move towards increased individual and community control, political efficacy, improved quality of community life, and social justice.”

The attitudes and values that shape the core competencies for public health in Canada (Public Health Agency of Canada, 2007) are as follows:

✓ **Commitment to equity**
  - The needs of the people “guide the distribution of opportunities for well-being.”

✓ **Social justice**
  - Social justice is demonstrated in a “society that gives individuals and groups fair treatment and an equitable share of the benefits of society.”

✓ **Sustainable development**
  - Sustainable development is achieved when the use of resources, investments, technology, and institutional development has been accomplished using approaches that do not compromise the health and well-being of future generations.
Recognition of the importance of the health of the community as well as the individual

Respect for diversity

- Diversity, which is “the demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals”, is to be respected.

Self-determination

Empowerment

- Empowerment is “a process through which people gain greater control over decisions and actions affecting their health.”

Community participation

- “Procedures whereby members of a community participate directly in decision-making about developments that affect the community” are to be encouraged.

VALUES AND BELIEFS

LEARNING ACTIVITY # 16

a) Which values and beliefs expressed in the CCHN standards and in the core competencies would be compromised in the following situation?

A community approved the development of a large landfill site near an existing housing development. No public consultation was held.

Values and beliefs compromised by the situation:

CCHN standard(s): _____________________________________________________________

Core Competency for Public Health: ___________________________________________
practice. “Public health nurses also face ethical challenges not experienced by many other public health professionals, who do not have the same kind of close individual relationship with people in the community” (Canadian Nurses Association 2006). As a new public health nurse, you will likely be faced with ethical issues that arise from public health nursing practice (Canadian Nurses Association 2006). Balancing individual rights with societal good is a dilemma faced by public health nurses as they work at the population health level while meeting the immediate needs of individuals, families, groups, and communities. For example, during the SARS outbreak, individuals were asked to remain quarantined in their homes, giving up their personal autonomy for a utilitarian cause, the protection of the population or community.

Your practice will be directed by the ethical principles of public health. You may be familiar with more general ethical principles, such as autonomy and beneficence (see page 109 in Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler [2008] for a complete list). In addition to these general ethical principles, the following principles are relevant to public health practice (Atlantic Provinces Public Health Collaboration, 2007, pp. 43–43):

- the utilitarian or utility principle
- the precautionary principle
- the principle of least restrictive means
- the reciprocity principle
- the transparency principle
- the harm principle

LEARNING ACTIVITY #17

Public Health Principles

Identify the ethical public health principles in the following scenario:

As a public health nurse in the infectious diseases program, you receive notification from the local emergency department physician of a confirmed case of rubella in an elementary school. The same day, the school nurse reports that three other students from the same school are also suspected of having this disease. Contact tracing is started immediately. The immunization status of the school population is rapidly assessed. The students who have not been immunized are suspended from school until the incubation period of the disease passes. As the public health nurse, you continue to monitor the school population for new cases.

Ethical public health principles involved in the scenario:

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
LEARNING ACTIVITY # 18

Ethical Principles
In the left-hand column below is a list of some ethical principles in public health. The right-hand column has the definitions of these ethical principles. Connect the definition to the ethical principle.

<table>
<thead>
<tr>
<th>ETHICAL PRINCIPLE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilitarian or utility principle</td>
<td>a) Different actions taken to achieve public health outcomes may vary in the amount of power and control that government places over the population.</td>
</tr>
<tr>
<td>Precautionary principle</td>
<td>b) Once public health officials pose restrictions on a person or community, they will then do their best to help the person or community address the duties.</td>
</tr>
<tr>
<td>Principle of least restrictive means</td>
<td>c) Where there is a significant threat, decisions for actions are sometimes made without full scientific evidence.</td>
</tr>
<tr>
<td>Reciprocity principle</td>
<td>d) There is an obligation to consider approaches that will result in the greatest good for the greatest number of people.</td>
</tr>
<tr>
<td>Transparency principle</td>
<td>e) This allows the government to restrict the liberty of an individual or community as necessary, to prevent others from being harmed.</td>
</tr>
<tr>
<td>Harm principle</td>
<td>f) All decisions made regarding public health action should be clear and transparent.</td>
</tr>
</tbody>
</table>

Source: Atlantic Provinces Public Health Collaboration, 2007

You’re movin’ on to our next destination…but before you go, consider what you’ve learned in this section. Complete the following sentence:

**VALUES AND ETHICS IN PUBLIC HEALTH PRACTICE**

*Developing an understanding of how ethics and values affect my practice as a public health nurse is important because...*
REFERENCES


ANSWERS TO LEARNING ACTIVITIES FOR SECTION 1

LEARNING ACTIVITY #1: Determinants of Health
a) Focus on the health of populations, base decisions on evidence, increase upstream investments, apply multiple strategies, collaborate across sectors and demonstrate accountability for health outcomes.


LEARNING ACTIVITY #2: Primary Health Approach
Accessibility, public participation, health promotion, appropriate technology, inter-sectoral collaboration.

LEARNING ACTIVITY #3: Health Disparities
Socioeconomic status, gender, Aboriginal status, geographical location.

LEARNING ACTIVITY #4: Socio-environmental Approach
Answers will vary.

ANSWERS TO LEARNING ACTIVITIES FOR SECTION 2

LEARNING ACTIVITY #5: Federal Governance
1. Among other activities, Health Canada’s responsibilities for health care include setting and administering national principles for the health care system through the Canada Health Act and delivering health care services to specific groups such as First Nations and Inuit populations and veterans. Working in partnership with provinces and territories, Health Canada also supports the health care system through initiatives in areas such as health human resources planning, adoption of new technologies, and primary health care delivery (Health Canada, 2004).

2. The Public Health Agency of Canada promotes and protects the health of Canadians through leadership, partnership, innovation, and action in public health.

LEARNING ACTIVITY #6: NWT Public Health Act
Section 25 (2) The Public Health Act states the following:
The Chief Public Health Officer, in an order under subsection (1) may
a) require a person who is or probably is infected with, or who has or may have been exposed to a reportable disease
   (i) to isolate himself or herself from other person,
   (ii) to submit to an examination by a health care professional who is acceptable to the Chief Public Health Officer,
   (iii) to place himself or herself under the care and treatment of a health care professional who is acceptable, or
   (iv) to conduct himself or herself in a manner that will not expose another person to infection
**LEARNING ACTIVITY #6:** NWT Public Health Act (cont'd)

Section 22: The *Public Health Act* in the NWT states the following:

A health care professional shall provide the Chief Public Health Officer with the information required by the regulations, within the time set out in the regulations, if the health care profession

a) diagnoses a notifiable disease or condition in a person or is of the opinion, on reasonable grounds, that a person who he or she examines or treats has a notifiable disease or condition;

b) performs a notifiable test or causes a notifiable test to be performed on a person; or

c) administers a notifiable immunization to a person.

**LEARNING ACTIVITY #7:** NWT Community Health Nursing Program Standards and Protocols

Answers will vary.

**LEARNING ACTIVITY #8:** Other Acts

Answers will vary.

**LEARNING ACTIVITY #9:** Acts

1. The *Hospital Insurance and Health and Social Services Administration Act* is territorial; the *Public Health Act* is territorial, and the *Public Health Agency Act of Canada* is federal.

**LEARNING ACTIVITY #10:** Level of Governance and Legislation

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<tr>
<th>FEDERAL</th>
<th>TERRITORIAL</th>
<th>LOCAL/COMMUNITY</th>
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<tr>
<td>Federal Minister of Health</td>
<td>Civil Emergencies Measures Act</td>
<td>Health and Social Services Authority</td>
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<tr>
<td>Health Canada</td>
<td>ATIPP</td>
<td>Public Health Officer</td>
</tr>
<tr>
<td>Chief Public Health Officer</td>
<td>Chief Public Health Officer</td>
<td>Municipal by-laws (e.g. noise control, animal control, and property standards)</td>
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<tr>
<td>Public Health Agency of Canada</td>
<td>Child and Family Services Division</td>
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</tr>
<tr>
<td></td>
<td>Prevention Services Unit</td>
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</tr>
<tr>
<td></td>
<td>Population Health Division</td>
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<td>Tobacco Control Act</td>
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<td></td>
<td>Hospital Insurance and Health and Social Services Administration Act</td>
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<td></td>
<td>Hamlet Act</td>
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ANSWERS TO LEARNING ACTIVITIES FOR SECTION 3

LEARNING ACTIVITY #11: Core Competencies
a) To develop an interprofessional public health workforce with the skills and competencies to fulfill public health functions and meet population health needs at the local, provincial, national, and international levels
b) Human resources management practices, education and professional development, sharing processes, and marketing public health

LEARNING ACTIVITY #12: Core Competencies
a) See page 1 of the Public Health Agency of Canada publication entitled “Core Competencies for Public Health in Canada” (Public Health Agency of Canada, 2007).

b) Answers will vary.

LEARNING ACTIVITY #13: Canadian Community Health Nursing Standards
See “Purpose of these Standards” on page 5 of the CCHN standards document

LEARNING ACTIVITY #14: Community Health Nursing Standards
Answers will vary.

LEARNING ACTIVITY #15: Core Competencies and the Community Health Nursing Standards
a) Scenario 1: standards: 1a (health promotion) and standard 4 (facilitating access and equity); core competencies: 1.1, 5.2
b) Scenario 2: standards: 1b (prevention and health protection) and standard 3 (building relationships); core competencies: 1.1, 5.3, 6.1

ANSWERS TO LEARNING ACTIVITIES FOR SECTION 4

LEARNING ACTIVITY #16: Values and Beliefs
Canadian community health nursing standards:
   individual/community partnership

Core competencies:
   community participation

Other values and beliefs such as empowerment and equity may be considered to have been compromised as well.
LEARNING ACTIVITY #17: Public Health Principles

Any of the following principles would apply to the scenario:

- Utilitarian principle
- Principle of least restrictive means
- Reciprocity principle
- Transparency principle
- Harm principle

LEARNING ACTIVITY #18: Ethical Principles

- Utilitarian or utility principle (d)
- Precautionary principle (c)
- Principle of least restrictive means (a)
- Reciprocity principle (b)
- Transparency principle (f)
- Harm principle (e)
Public Health Nursing in the Northwest Territories
## Contents for Module 2

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Overview

The module is divided into three sections.

✔ Section 1 — explores home health nursing and public health nursing under the umbrella of community health nursing. The uniqueness of community health nursing and specifically public health nursing is examined. The community health nursing process is described. Professional associations are presented that the public health nurse might consider joining for professional development. Key features of public health nursing, such as “thinking upstream” and the community health nursing model, are highlighted.

✔ Section 2 — focuses on public health nursing practice. The Canadian Community Health Nursing Standards of Practice and Core Competencies for Public Health in Canada and Public Health Nursing Discipline Specific Competencies are revisited, and levels of prevention and types of programs are explored. An example of a program that frames public health nursing strategies within the Canadian Community Health Nursing Standard of Practice is provided. A review of documentation and an introduction to emergency response complete this section.

✔ Section 3 — is concerned with the meaning of the word “client” in public health nursing practice and strategies for working with various clients. Examples of public health nursing interventions as they relate to various clients and to the Canadian Community Health Nursing Standards and the Core Competencies for Public Health are presented. Finally, there is an exploration of working with communities in a wide range of settings.

THIS MODULE FOCUSES:

- On assisting newly hired public health nurses to visualize the scope of public health nursing within health units/community health centres. The specialty of community health nursing and in particular public health nursing is explored.
Section 1
Defining Public Health Nursing

AFTER COMPLETING THIS SECTION, YOU WILL BE ABLE TO:
- Define public health nursing;
- Outline the differences between public health nursing practice and home health nursing practice;
- State two concepts of community health nursing practice that make it unique;
- Apply the nursing process to public health nursing practice; and
- Choose a public health nursing association or a public health association that you may wish to join.

DEFINING PUBLIC HEALTH NURSING AS A CATEGORY OF COMMUNITY HEALTH NURSING

Community Health Nursing
Community health nursing includes up to 17 categories of nurses working in the community. A significant number of these nurses are public health and home health nurses. Figure 1 highlights the unique characteristics of community health nursing. Please take particular note of three of these characteristics: autonomy of practice, the influence of the environment and the settings for community health nursing.

FIGURE 1 UNIQUENESS OF COMMUNITY HEALTH NURSING

Two categories of community health nursing will be discussed in more detail.

**Public Health Nursing**

According to Battle Haugh and Mildon (2008), a public health nurse is “a community health nurse who synthesizes knowledge from public health sciences, nursing science and the social sciences, in order to promote, protect, and preserve the health of populations” (p. 43).

A public health nurse is defined in the Canadian Community Health Nursing (CCHN) standards as a community health nurse who:

- focuses on promoting, protecting and preserving the health of populations;
- focuses on populations and links health and illness experiences of individuals, families and communities to population health promotion practice;
- recognizes that a community’s health is closely linked with 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; and
- 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.

*(Community Health Nurses of Canada (2008), p. 8)*

**Home Health Nursing**

Home health nursing is a specialized area of nursing practice in which nurses provide care in the client’s home, school or workplace (Battle Haugh & Mildon, 2008). Individual clients, their families and caregivers are the focus of home health nursing practice. The home health nurse is a generalist, although some specialty nurses, such as wound ostomy nurses and diabetes nurse educators, work in home health and advise generalists about specialty clinical areas. Home health nurses work with groups of clients, such as technologically dependent children in schools, providing client-specific care interventions.

*(Community Health Nurses of Canada (2008), p. 6)*

Stanhope, Lancaster, Jessup-Falcioni & Viverais-Dresler (2008) note that the primary focus of public health nursing is on populations and the health of the community whereas the primary focus of home health nursing is on individuals and families (p. 18).

According to these authors, public health nursing is distinguished by the following features.

- It is *population-focused*. Its primary emphasis is on populations living in the community as opposed to individuals who are institutionalized or cared for at home.
It considers the community as context and therefore has
- a concern for the connection between the health status of the population and the environment (physical, biological, socio-cultural) in which the population lives, and
- an imperative to work with the members of the community to carry out public health functions.

It is focused on health and prevention. It emphasizes strategies for health promotion, health maintenance and disease prevention, particularly primary and secondary prevention.

It implements interventions at the community or population level (e.g., it uses political processes to influence public health policy).

It is concerned for the health of all members of the population or community, particularly vulnerable subpopulations.

It considers the influence of the social determinants of health when planning interventions and services with clients. (Stanhope, Lancaster, Jessup-Falcioti, & Viverais-Dresler, 2008, p. 18)

Despite these differences, both public health nurses and home health nurses care for clients, be they individuals, families, communities or populations. Their primary focus may differ. The CCHN standards include guidelines for both public health nursing and home health nursing practice. Public health nurses and home health nurses mobilize resources to support health by coordinating care and planning services, programs and policies with their clients, other disciplines, organizations, communities and governments.

Public health nurses deliver public health programs and services to individuals and families but these programs and services are often undertaken with the broader goal of improving the whole population’s health. This is known as thinking upstream. For example, a public health nurse may assess three or four mothers in a suburban community who obtain a score on a postpartum depression scale that indicates they may be suffering from depression. She researches the evidence on postnatal depression and discovers a link between isolation and depression. She works with local community leaders to develop a moms and tots program.

The public health nurse seeks to reduce the isolation of all new mothers living in this suburban community and ameliorate some risk factors for postnatal depression with this program. She acts on an individual level by assessing and providing services to these three or four new mothers and thinks upstream by developing a community resource for all new mothers.

The public health nurse has an impact on the broader population of new mothers in her community. Thinking upstream means that, in addition to meeting the immediate needs of individual clients or families, the public health nurse should also be assessing broader socio-environmental determinants of health (Cohen, 2008). This macroscopic approach is an important aspect of public health nursing; public health nurses are encouraged to think upstream and address the root causes of health issues in individuals, families and communities (Cohen, 2008).
The Community Health Nursing Process

Public health nurses make assessments and decisions about interventions using the community health nursing process when they are working with clients. The community health nursing process provides a framework for working not only with individuals, but also with families, groups, communities, populations, systems or society as the client. It includes components similar to those in the traditional nursing process (assessment, planning, implementation and evaluation) and is enhanced by three concepts: individual and community participation, multiple ways of knowing and environmental influence (Community Health Nurses of Canada, 2008). These concepts add to the uniqueness of community health nursing and are explained as follows:

a) Individual and community participation:
   ✓ Participation is the basis of therapeutic, professional, caring relationships that promote empowerment.
   ✓ Participation should occur in each step of the nursing process.

b) Multiple ways of knowing:
   ✓ There are various ways of knowing for nurses, including the art and science of nursing, sociopolitical knowledge and ethical knowledge.

c) Environmental influence
   ✓ The environment has a significant influence on the health of individuals and communities.
   ✓ Community health nurses have a unique understanding of the environmental context of health.

Adapted from Reiter (2004)

The Canadian Community Health Nursing Practice model (Figure 2) conceptualizes the CCHN standards, the context of practice, the foundational values and beliefs of community health nursing and the community health nursing process. The community health nursing process provides the vehicle through which public health nurses work with various types of clients.

The model illustrates how the standards of practice revolve around both the values and beliefs of community health nursing and the nursing process. Public health nurses focus on improving the health of individuals and families, groups, communities, populations and systems and society throughout the community health nursing process.

Figure 2 The Canadian Community Health Nursing Practice Model

Source: Community Health Nurses of Canada (2007), p. 65
A public health nurse uses the *community health nursing process* when working with various clients. Table 1 provides several examples.

### Table 1 Examples of the Community Health Nursing Process

| The community health nursing process: assessment | Individuals and families  
Data collection is related to the individual or family and involves interviews, physical assessments and charts with the purpose of addressing an immediate need.  

Groups, communities and populations  
Data collection may be related to groups, communities or systems (e.g., survey findings) and involves interviews, surveys and focus groups. Data are collected from a variety of health, social and economic sources to improve the population’s health. |
|---|---|
| The community health nursing process: planning | Individuals and families  
The public health nurse may make plans with the individual or family that usually involve a time frame of days or weeks.  

Groups, communities and populations  
Planning may be at the community or population level and involves those expected to receive service. The time frame may be weeks, months or years. |
| The community health nursing process: implementation | Individuals and families  
Referrals are made to community services. This step in the process includes social support and is holistic in nature.  

Groups, communities and populations  
A range of strategies may be used to develop capacity at the group and community levels and to deal with issues that range from availability of health information to poverty. |
| The community health nursing process: evaluation | Individuals and families  
This step in the process may include interviews, observation or measurement of change in an individual or a family. The time frame is days or weeks.  

Groups, communities and populations  
This step in the process may include interviews, surveys or focus groups with groups, communities or the population. The time frame is months or years. |

*Adapted from Community Health Nurses of Canada (2007).*
LEARNING ACTIVITY # 1

Identify the steps in the nursing process in one of the following two stories. The preceding information about the community health nursing process will assist you.
http://www.opha.on.ca/resources/careers/OPHA_CommunicableDiseaseControl.pdf
http://www.opha.on.ca/resources/careers/OPHA_HealthyFamilies.pdf

Title of role story #1:  ________________________________

Steps in the nursing process
Assessment: __________________________________________
_____________________________________________________
_____________________________________________________

Planning:_____________________________________________
_____________________________________________________
_____________________________________________________

Implementation:_______________________________________
_____________________________________________________
_____________________________________________________

Evaluation:___________________________________________
_____________________________________________________
_____________________________________________________

Title of role story #2:  ________________________________

Steps in the nursing process
Assessment: __________________________________________
_____________________________________________________
_____________________________________________________

Planning:_____________________________________________
_____________________________________________________
_____________________________________________________

Implementation:_______________________________________
_____________________________________________________
_____________________________________________________

Evaluation:___________________________________________
_____________________________________________________
_____________________________________________________

PROFESSIONAL ASSOCIATIONS

You will recall from Module 1 some of the legislative and governance agencies and documents that regulate public health practice. Professional bodies guide public health nursing practice in the Northwest Territories. The Canadian Nurses Association (CNA) is the national professional voice of registered nurses and the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) regulates nurses in the Northwest Territories.

As a registered nurse working in the Northwest Territories, registration with the RNANT/NU is mandatory. Your membership in the RNANT/NU includes membership in the CNA.

a) Nursing organizations

- Canadian Nurses Association  www.cna-aiic.ca
- Registered Nurses Association of Northwest Territories and Nunavut  www.rnantnu.ca

b) Given your role as a professional working within the public health system, it is recommended that you become a member of one or more of the organizations listed below

- Northwest Territories and Nunavut Public Health Association and
- CPHA National Conjoint Membership  www.cpha.ca
- Community Health Nurses Association of Canada  www.chnc.ca
- Canadian Association for Rural and Remote Nursing  www.carrn.com

Registered Nurses Association of Northwest Territories and Nunavut  www.rnantnu.ca
This association provides leadership on issues affecting the public’s health and strengthens the impact of people who are active in public and community health throughout the Northwest Territories.

Canadian Public Health Association  www.cpha.ca
This association is a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

Northwest Territories and Nunavut Public Health Association (NTNUPHA)  cphantnu@ssimicro.com
This association is a resource in the NT and NU that advocates for the improvement and maintenance of personal and community health according to the public health principles.

Community Health Nurses of Canada  www.chnc.ca
The Community Health Nurses of Canada was formed to represent the specialty of community health nursing in Canada and to advocate for the continued designation of community health nursing as a nursing specialty. This association has been the driving force for the development of the CCHN standards, the Canadian Community Health Nursing Standards Toolkit and the Canadian Community Health Nursing Certification examination. The Community Health Nurses of Canada has worked with the Public Health Agency of Canada to develop discipline-specific competencies for public health nursing. It is now working on the development of discipline-specific competencies for home health nursing.

JOINING A PROFESSIONAL ASSOCIATION

Belonging to and supporting professional organizations strengthens public health nursing in Canada. These organizations also offer a network of professional resources and support. Some professional groups offer bursaries and awards to members.
Canadian Association for Rural and Remote Nursing (CARRN)
www.carrn.com
The purpose of CARRN is to serve as a voice for and to represent rural and remote nurses in Canada. Its aim is to advance this unique specialty of rural and remote nursing practice through recognition, research and education, and thereby influence rural and remote health policy.

LEARNING ACTIVITY # 2

Practice standards for public health nurses include the Registered Nurses Association of Northwest Territories and Nunavut standards of practice. Visit the RNANT/NU’s Web site (http://www.rnantnu.ca/Portals/0/Documents/Standards_of_Practice2006.pdf) and review this practice standard. Apply your learning to the following scenario.

You have been assigned to a school where a large number of children have nut allergies and carry “epi” pens. You have been asked to teach school employees to administer epinephrine injections.

What are some of the things you need to consider before teaching the school employees?

________________________________
________________________________
________________________________
________________________________
________________________________
________________________________

LEARNING ACTIVITY # 3

Find an interest group within the Registered Nurses Association of Northwest Territories and Nunavut and one within the Canadian Nurses Association that relate most closely to the program with which you will be working. Find a public health nurse who belongs to that group and ask them why they belong.

Interest group most related to your program: ________________________________
________________________________
________________________________
________________________________

Developing an understanding of how public health nursing associations affect my practice as a public health nurse is important because....
REFERENCES


