



COMMUNITY
HEALTH NURSES
OF CANADA



INFIRMIÈRES ET INFIRMIERS
EN SANTÉ COMMUNAUTAIRE
DU CANADA

Portfolio of Annual Reports

The Community Health Nurses of Canada as a federation of provincial/territorial community health nurses interest groups provides a unified voice to represent and promote community health nursing and the health of communities.

Annual General Meeting/Assemblée générale annuelle

**June 16, 2010
Sheraton Hotel
Toronto, Ontario**

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Board of Directors 2009-2010

President

Kate Thompson, BScN, MSc, CCHN(C)

Past President

Claire Betker RN, MN, CCHN(C)

Secretary

Ruth Schofield, RN, MSc(T)

Treasurer

Anne Clarotto RN, BN, MHS

Administrative Manager

Evelyn Butler RN, BN, MPA

Communications Officer

Yvette Laforêt-Fliesser, RN, BScN,
MScN, CCHN(C)

Alberta Representative

Maryann Kusmirski, RN MN

British Columbia Representative

Wendy Bruins RN BScN CCHN(C)

Manitoba Representative

Lynda Tjaden

New Brunswick Representative

Anne Lebars, BScN, RN, MBA

Newfoundland and Labrador Representative

Karen Milley, BN, RN, MHSM,
CCHN(C)

Northwest Territories Representative

Laurie Parton, RN, BN

Nunavut Representative

Margot Suttis, BN RN CCHN(C)

Nova Scotia Representative

Tracy Lovett RN, BScN, IBCLC

Prince Edward Island Representative

Arlene Rose, BScN, RN

Ontario Representative

Kim Dalla Bona, MScN(c) RN
CVAA(C) CCHN(C)

Saskatchewan Representative

Shirley Blyth, RN, MN

Quebec Representative

Cheryl Armistead, RN, MScN

Yukon Representative

Heather Johnson, RN, BSN, CHN(C)

Member at Large, National PHAC Stakeholder Liaison

Joan Reiter

**Community Health Nurses of Canada
Annual General Meeting Minutes**

**June 17, 2009 6:00-8:00 p.m.
Calgary, Alberta**

AGENDA

1.0 AGM Business Meeting

1.1 Welcome/Recognition of Honoured Guests

Dr. Pammla Petrucka and CNA representative Lisa Ashley welcomed to the meeting.

1.2 Approval of Agenda

Dorothy Cummings moved to adopt agenda and Tracy Lovett seconded. *Motion carried.*

1.3 Approval of Minutes of 2008 AGM

Dorothy Cummings moved to approve the minutes and Ruth Schofield seconded. *Motion carried.*

1.4 Presidents' Annual Report – Claire Betker

Claire presented objectives and report via Power Point. The Portfolio of Annual Reports given to all members in AGM package. Each provincial representative from the Board did a brief introduction with highlights of provincial initiatives.

1.5 Treasurer's Financial Report – Yvette Laforêt-Fliesser

The Portfolio of Reports is going to be emailed to members following meeting. Hard copies were at each table of financial report for the meeting. Yvette reviewed the highlights of the 2008 budget and allowed time for questions.

Yvette moved to accept the financial report and Anne Lebens seconded. *Motion carried.*

*Claire mentioned Evelyn as the only employee of CHNC and recognized all her efforts.

*Karen MacDougall was also recognized as our PHAC Liason and for all of her guidance as a member-at-large on the Board.

1.6 Report of Nominations Committee – Elections – Kate Thompson

Board Membership Nominations:

Tracy Lovett – returning NS representative
Heather Johnson – returning YT representative
Kim Della Bonna – new ON representative

Kate Thompson moved that the members will be accepted for another term. Seconded by Yvette Laforet-Fliesser. *Motion carried.*

Executive Membership Nominations:

Anne Clarotto – Incoming Treasurer
Yvette Laforet-Fliesser – Incoming Communications Officer
Ruth Schofield – Incoming Secretary

Kate motioned to accept these members into the new positions and Anne Lebars seconded. *Motion carried.*

*BC representative position vacant so nominations to be done electronically within the BC membership.

1.6 Awards and Recognition

Presentation of Award of Merit

Not advertised this year

Barbara Mildon National Certification Bursaries

Not advertised this year

Recognition of Outgoing Executive Members

Claire, Maureen and Adair recognized for their efforts and accomplishments and provided thank-you gifts from the Executive.

2.0 New Business

2.3 Launch of New Visual Identity and Name

2.4 Bylaw Changes and Resolutions

Lynda reviewed the steps reached towards incorporation for CHNC and stated that they will be posted with a summary of the changes in accordance with the Incorporation revised bylaws. These changes for the purposes of Incorporation status will be sent to members to vote on electronically.

2.5 Bylaw Amendments

Amendment to Article VIII section 3 on Quorum

To add a sentence to read as follows: “A majority of the Board constitutes a quorum for the transaction of any business.”

Lynda moved to accept the change and Adair Roop seconded.
Motion carried.

Amendment to section on Student Fees

Recommendation made to provide a reduced membership rate for students to \$25 from \$30.

Lynda moved to accept and seconded by Yvette LaForet-Fliesser.

Several members disagreed with students being charged any fee at all and felt this would be a barrier to their access to CHNC. *Motion defeated by the members.*

Alternately, Samantha Thompson motioned that “any undergraduate nursing student be granted free membership to CHNC for the period of their studies”. Motion seconded by Ruth Schofield.

Many members recognized that students should have no fee but some disputed their right to vote. Also it was stated that every nurse member deserves a vote.

Dorothy Cummings called for an amendment to include graduate nursing students as well. Amendment to motion by Dorothy to state: “Any undergraduate or graduate nursing student be granted free membership to CHNC for the period of their studies.”

Dorothy Cummings moved to amend the motion and Joyce Fox seconded.

It was discussed that nurses may be studying other courses than nursing. Some members were concerned about financial implications of having students join for free. (A recognition was then made that students are welcome to contribute fees but they will not be necessary.) The importance of attracting students to CHNC and CH nursing in general was agreed upon as a priority. Comments made that we are not losing money as we did not have it in the first place (as we have no student members at present). Yvette and Adair noted that the membership fees are determined by the Board (Corporation bylaws section 4.4) and so waiving the fees does not dispute the bylaws. *Motion carried.*

More discussion on a recommendation to have a student sit on the board to represent all students.

3.0 Other Business

3.1 Presentations

Canadian Nurses Association – Certification

Lisa Ashley presented the highlights of the certification exam: 460 nurses certified in Canada are now certified as CHNs; more than 120 in the last two years! Lisa reminded those certified to keep up their certification; CNA reminds members eight months in advance.

Guest Speaker Dr. Pammla Petruka – The Future of Community Health Nursing in Canada: Community Health Nurses Speak Out!

Pammla presented the findings of the Environmental Scan and reviewed highlights and recommendations. Discussion afterwards was led by Katie Dilworth to have members reflect on questions with the others at their tables:

Who are the people or organizations that CHNC should collaborate with to move the actions forward related to the seven key themes in the findings of the scan?

What is the one significant action that CHNC could make would affect change in your practice as a CH Nurse?

What is that outcome or change that you want for CH Nursing?

- Social marketing committee to engage in political advocacy in order to increase the value of CH nursing
- That the general public would value CH nursing
- Recognition of the value of CH nursing
- CHNC to be in a leadership role to offer full scope of practice
- To articulate our effectiveness and impact. We need to speak the business of health care.
- Workload measurement tool to prove value to the role of CH nursing

4.0 Adjournment

Claire Betker moved to adjourn meeting and Barb Ellis seconded.
Motion carried.



President's Report

Annual General Meeting

16 June 2010

A year of challenges, opportunities, and accomplishments best describes 2009-2010. Shortly after our 2009 Annual General Meeting most Board members and Standing Committees Members were totally immersed in planning and implementing the H1N1 vaccination program. Consequently many CHNC activities were delayed until late in 2009. In this context, we recognize the achievements of our association in 2009-2010 to provide a unified voice to represent and promote community health nursing (CHN) and the health of communities.

The strategies directions developed in December 2007 continued to direct the association's activities:

- I. Enhance and Sustain an Effective Organization
 - A. Strengthen our organizational systems.
 - B. Build a business case for sustainable funding.
- II. Build our Capacity
 - C. Continue provincial national collaboration to support relevant professional development.
 - D. Use the Canadian Community Health Nursing Standards of Practice model to enhance sense of belonging.
- III. Build the Federation
 - E. Bring marketing savvy to our plans to communicate CHN to public and nurses.
 - F. Establish task group to enhance provincial/territorial engagement.
 - G. Engage stakeholders through consultation.

Through a grant from the Public Health Agency of Canada Workforce Development Products and Tools Program, and approximately 2.2 full time equivalent volunteer hours, we engaged consultants to complete several key projects. I have provided a detailed list of the projects and activities in Appendix 1. The impact of these projects can be summarized as follows:

Communications

Our ability to communicate with members and membership recruitment is greatly enhanced with our new website. I refer you to the Communications and Membership Standing Committee report. We are particularly pleased with our increasing ability to offer services in both official languages. For example the website français was launched in February; many of our documents have been translated to French and for the first time our National Conference is offering simultaneous interpretation.

Key documents produced for CHNC are now available on our website in English and French. One document, *Community Health Nurses Speak: Out An Environmental Scan About the Future of Community Health Nurses of Canada*, as a knowledge product makes accessible the findings from the Environmental Scan completed in 2009.

Sustainability

Our association can be very proud of our accomplishments since 1987 and the vast array of documents and products that we have produced since 2007. Realistically this work is heavily reliant on government funding and we need other sources of funding to sustain CHNC as a viable organization. In 2007, the Board identified the need for CHNC to build a business case for sustainable funding. This year the Board developed a sustainability plan to guide our work and we have started exploring corporate sponsorship.

CHNC is a volunteer association and our accomplishments are heavily reliant on volunteer time. We will only be sustainable if we can engage community health nurses from coast to coast to coast. In 2009-10 we planned and took action to strengthen and support the work of provincial/territorial members. One activity was Webinars organized by provincial/territorial representatives for CHNC members on Evidence Based Decision Making given by Donna Ciliska, RN, PhD, Professor and Scientific Director, National Collaborating Centres for Methods and Tools.

Partnerships

CHNC continues to establish and strengthen our partnerships with Canadian Association of Schools of Nursing, Canadian Nurses Association (CNA), Canadian Public Health Association (CPHA), Public Health Agency of Canada, National Collaborating Centres for Public Health and other discipline groups, for example, the Canadian Institute of Public Health Inspectors.

As community health nurses we know the essential role of partnerships. We have all experienced successful achievements from collaborative efforts. CHNC has worked with Dieticians of Canada, Canadian Paediatric Society, and The College of Family Physicians of Canada to develop a statement recommending the adoption of the World Health Organization (WHO) Growth Charts for monitoring

the growth of Canadian children in all primary health care and clinical settings. Cheryl Armistead, CHNC's representative, will speak further to the collaborative statement: *Promoting Optimal Monitoring of Child Growth in Canada - Using the New World Health Organization Growth Charts*.

In November the Board hosted successfully a national partnership meeting that has led to collaborative activities between CHNC and partners. We collaborated with CPHA to produce the revised Public Health Community Health Nursing in Canada Roles and Activities. With CNA we assessed CHNC Programs, Policies and Products using the CNA Social Justice Gauge. As well we conducted a workshop at our national conference using the Social Justice Gauge.

Products

In 2009-2010 we produced the following documents:

A Synthesis of Canadian Community Health Nursing Reports

Une synthèse des rapports sur les soins infirmiers en santé communautaire au Canada

An Evaluation of the Canadian Community Health Nursing Standards Toolkit

Canadian Nurses Association's Social Justice Work with the Community Health Nurses of Canada: Assessment of Current CHNC Programs, Policies and Products Using the CNA Social Justice Gauge

Canadian Nurses Association's Social Justice Work with the Community Health Nurses of Canada: End of Contract Report

Community Health Nurses of Canada Board of Directors Meeting with National Partners

Community Health Nurses of Canada Dissemination Strategy

Community Health Nurses of Canada Sustainability Plan

Community Health Nurses Speak Out! Key Findings from an Environmental Scan about the Future of Community Health Nursing in Canada

Les infirmières en santé communautaire se font entendre! Constatations clés de l'analyse de l'environnement sur l'avenir des soins infirmiers en santé communautaire au Canada

Competencies for Home Health Nursing: A Literature Review

Development of Home Health Nursing Competencies in Canada

Influence of Certification on Community Health Nursing

Public Health/Community Health Nursing Practice in Canada

La pratique infirmière en santé publique/en santé communautaire au Canada

Report of the Teleconference Meeting on the CNA-CHNC Partnership for Social Justice

Report on Development of Resources that Promote the CCHN Standards in Self-Care Management and Evidenced-Based Practice and Modules to Guide

Resources

Collaborative Statement: *Promoting Optimal Monitoring of Child Growth in Canada – Using the New World Health Organization Growth Charts*

4th National Conference

Future Issues/Directions

- Engaging members
- Acting on recommendations from reports
- Addressing systemic and organizational barriers to effective community health nursing
- Identifying and addressing barriers to health for all
- Ensuring stable funding

The Canadian Nurses Association (*Toward 2020: Visions for Nursing*) has predicted that by the year 2020 two-thirds of nurses will work in the community. We have less than ten years to adjust, adapt and lead this change.

Collectively we are capable.

Respectfully submitted by,

Kate Thompson

Administrative Manager's Report

2010 Annual General Meeting

June 16, 2010

Words cannot fully capture the breadth and depth of the association's advancement in the past year. I can only highlight some of the activities in which I was involved and supported.

The three strategic directions: **Enhance and Sustain an Effective Organization; Build our Capacity; and Build the Federation**, set by the Board in 2007-2008, continued to provide a framework, focus and direction for my work as the Administrative Manager.

Enhance and Sustain an Effective Organization

The Executive Committee in 2009 reviewed the contract for communication, membership services and management/distribution products with First Stage Enterprises Inc. and determined that CHNC had capacity to internally manage these services. This change would facilitate the association to have a better sense of the membership and their needs, especially communication needs. Subsequently, I prepared and enacted a plan to manage online membership registration and product distribution; to contract teleconferencing and web conferencing services; and to manage and distribute products. The transfer from First Stage Enterprises Inc. was completed very smoothly by mid December. Doug Rosser of First Stage Enterprises Inc. was acknowledged and thanked for his work and support in the transition.

The small office staff of CHNC increased this year with the addition of two part time administrative assistants. Gloria B. Richard (Moncton, New Brunswick) is a bilingual administrative assistant who will be working approximately 2 days per month managing the CHNC website. Nelsa Best (Toronto, Ontario) works 1 day per week and assists me in managing the projects and supporting the administrative processes of the CHNC.

This year we engaged consultants on contract for a range of projects including conference planning, website development, evaluation of the certification process, development of home health nursing competencies, and development of several key knowledge products. In her report, Kate Thompson, President, provides a comprehensive overview of these projects. For each of these projects, the association has established and implemented a fair and transparent selection process. A Solicitation of Interest (SOI) for each project is prepared by me and reviewed by the designated Standing Committee. This SOI is then sent out by me through our network including posting on our website. Rating criteria are developed based on the knowledge and skills identified in the SOI. The

designated Standing Committee identifies members of a selection committee and I forward all documentation to them for their review and ranking prior to the selection meeting. If further information is needed, I will contact the candidates and provide a summary to the selection committee. After the decision is reached, I communicate the results to all applicants in a timely fashion. Contracts for services are developed with the successful contractor and managed by me. The excellent calibre of applicants is reflected in the excellent products that have been produced. It has been a real privilege to work with some of the best contractors in Canada.

The work of the Association has been greatly enhanced through the Public Health Workforce Development Products and Tools Contribution Program of the Public Health Agency of Canada. In the 2009-2010 fiscal year, CHNC received and expended **\$492,440**. Most of the funds were used for the projects noted above. Some funds were used to support administration of the Association. This year, 2010-2011, we received funding of **\$300,000**. These funds will be used for three main projects: **the Review and Redevelopment of the Canadian Community Health Nursing Standards of Practice; the Evaluation and Further Development of the CCHN Practice Model; and A Blueprint for Action for Community Health Nursing in Canada.**

It is anticipated that funding from the Public Health Workforce Development Products and Tools Contribution Program will change significantly after March 31, 2011. Having access to this funding for the past four years CHNC has been supported to achieve many goals and milestones. We are very thankful for that opportunity. However, the issue of sustainable funding for the Association is of urgency for the Board of Directors. One we have been considering through the sustainability planning that we recently went through and in our deliberations over the past few days.

Build our Capacity

In November the CHNC Board of Directors held our first National Partners Consultation. My role included: preparing and sending invitations to key partners, arranging facilities, contracting with a facilitator and a report writer and working with the facilitator to achieve the goals of the meeting. I also reviewed and edited the final report. This meeting was very successful and confirmed the important role CHNC plays in community health and in community health nursing.

Using webinar capacity that our new teleconference provider made possible at a reasonable rate, the provincial/territorial representatives organized webinars for members in every province and territory. We have also used the webinar capacity at our board meetings, facilitating a great sense of connectedness amongst the board members. With this technology and Kate's leadership, our meetings have resulted in more active and productive discussions and decision making.

Build our Federation

A key component to building our federation is communication with members, potential members, and key stakeholders. The new CHNC website is in both official languages and we have engaged a bilingual administrative assistant, Gloria B. Richard, to answer all *info@CHNC* messages in both languages. I have as required engaged the services of an excellent translator who understands the nature of our work, likes to work with CHNC and charges very reasonable rates. Many of our knowledge products and materials have been translated and are available in both official languages.

Our new web site, at first, caused some difficulties for renewing members and new members as they attempted to pay membership fees. All reported problems were immediately forwarded to the consultants. These problems were responded to very promptly by the consultants. I am pleased to report that the consultants have worked very diligently with the web developers and the issues are now corrected.

In closing I would like to thank each member of the Board of Directors for their support and affirmation of my work. I am honoured to work with such dedicated, bright and hard working community health nurse leaders.

Respectfully submitted by,

Evelyn Butler

Financial Reports

June 16, 2010

2009-2010 Public Health Agency of Canada Grants and Contributions

Personnel	385,365.00
Travel	43,575.00
Materials	136.00
Rent and Utilities	21,000.00
Other	<u>1,000.00</u>
TOTAL	492,440.00

process								
	44,355.00	0.00	0.00	423.00	0.00	0.00	44,778.00	
EVALUATION OF CHNC STANDARDS OF PRACTICE TOOLKIT								
<ul style="list-style-type: none"> • Develop an evaluation tool • Engage purchasers and users in evaluation 								
Personnel	15,760.00							
Researchers developed tool								
Translated tool into French								
Researchers engaged users and purchasers in electronic survey and telephone interviews								
Materials			10.00					
Rent and Utilities								
Teleconferences: Education Professional Development Standing Committee to select researcher, be advisory committee to researchers					45.00			
	15,760.00	0.00	10.00	45.00	0.00	0.00	15,815.00	
PUBLIC HEALTH COMPETENCIES								
HOME HEALTH NURSING COMPETENCIES FOR COMMUNITY HEALTH NURSES IN CANADA PRACTICING HOME HEALTH AND PUBLIC HEALTH NURSING								
<ul style="list-style-type: none"> • Conduct a review of the literature • Develop competencies 								

<ul style="list-style-type: none"> • Prepare competencies for printing • Translate competencies • Print competencies 								
Personnel	49,902.00							
Consultants prepared literature review								
Consultants developed and tested competencies								
Consultants prepared competencies for publication								
Translator prepared French version								
Materials								
Printed 3000 copies of competencies			5,208.00					
Rent and Utilities								
Teleconferences: Certification, Standards and Competency Standing Committee to select consultant, consultants met with advisory committee and expert group					1,187.00			
	49,902.00	0.00	5,208.00	1,187.00	0.00	0.00	56,297.00	
PUBLIC HEALTH NURSING DISCIPLINE SPECIFIC COMPETENCIES								
<ul style="list-style-type: none"> • Prepare the Pan Canadian Public Health Nursing Discipline Specific Competencies, developed in 2008-09, for publication 								
Personnel	4,495.00							
Consultant prepared competencies for publication								
Translator prepared French version								
Materials			9,114.00					

Printed 6000 copies for distribution							
Competencies launch at CHN National Conference, Calgary, June 2009							
Rent and Utilities				294.00			
Teleconference meetings regarding distribution plans							
Teleconference meetings regarding PHN Managers competencies							
	4,495.00	0.00	9,114.00	294.00	0.00	0.00	13,903.00
REVIEW AND REVISE THE COMMUNITY HEALTH NURSING-PUBLIC HEALTH NURSING CANADA (Canadian Public Health Association)							
<ul style="list-style-type: none"> • Produce a joint clear language resource in both official languages • Reflect development in the areas of standards and models of practice for community health nursing and core competencies for public health practioners 							
Personnel	48,404.00						
CPHA staff managed project							
Consultant developed draft document, conducted electronic survey and telephone consultations with expert group							
CPHA communications staff completed final design and plan to launch document							
Translator prepared French version							
Materials			8,392.00				
Purchased resources							

Printing documents								
Shipping documents								
Rent and Utilities								
Consultant conducted teleconference focus groups with expert group								
Consultant met with advisory group				1,249.00				
	48,404.00	0.00	8,392.00	1,249.00	0.00	0.00	58,045.00	
ENHANCED COMMUNICATION AND CONTINUING EDUCATION: Board, General Membership and Broader Community								
<ul style="list-style-type: none"> Build on the learning and momentum created in 2008-09 through the extensive activity and engagement of the community health nursing community 								
REDESIGNING AND DEVELOPING WEBSITE								
Personnel	67,923.00							
Consultants managed web design and development company, tested site and functionality and posted documents, negotiated with RNAO for ongoing membership updates								
Web design and development company redesigned and developed CHNC website to include membership applications, educational modules, discussion groups, ecommerce, online elections								
Translator prepared documents in French language and reviewed French website								

Rent and Utilities								
Teleconferences with Consultants, CHNC Communications Officer and Administrative Manager				128.00				
	67,923.00	0.00	0.00	128.00	0.00	0.00	68,051.00	
COMMUNITIES OF PRACTICE								
Personnel	12,741.00							
Consultant developed English and web-ready evidenced- based resources on self-care management								
Translator prepared documents in French language								
Designer prepared resources for training/testing workshop								
Materials								
Materials printed for training testing workshop			433.00					
Rent and Utilities								
Teleconference with Consultants and Education/Professional Development Standing Committee				41.00				
	12,741.00	0.00	433.00	41.00	0.00	0.00	13,215.00	
SOCIAL JUSTICE GAUGE ACCESSIBLE AS A PRACTICE AND TEACHING TOOL								
Personnel	15,750.00							
Canadian Nurses Association (CNA) produced a Power Point presentation for educational sessions and for								

SYNTHESIS PAPER							
Personnel							
Consultant with Political Action and Advocacy Standing Committee and select community	20,272.00						
Health nurse leaders synthesized recommendations and findings of eight reports							
Translator prepared document in French							
Rent and Utilities							
Teleconference meetings with consultant, Political Action and Advocacy Standing Committee and select leaders				233.00			
	20,272.00	0.00	0.00	233.00	0.00	0.00	20,505.00
PROFESSIONAL DEVELOPMENT GENERAL MEMBERSHIP							
Rent and Utilities							
Teleconference meetings with Education/Professional Development Standing Committee and CHN				1,414.00			
National Conference Committee							
	0.00	0.00	0.00	1,414.00	0.00	0.00	1,414.00
KNOWLEDGE PRODUCT							
Personnel	10,953.00						
Consultant developed a knowledge document based on							

the key findings from an environmental scan								
Translator prepared paper in French								
Travel								
Consultant presented findings at 2009 National Conference		1,033.00						
Materials								
Printing for presentation of Environmental Scan at 2009 Conference			34.00					
Rent and Utilities					218.00			
Teleconference meetings with Political Action and Advocacy to determine best approach								
Teleconference meetings with consultant and Political Action and Advocacy Standing Committee								
	10,953.00	1,033.00	34.00	218.00	0.00	0.00	12,238.00	
DISSEMINATION 2008-09 PRODUCTS								
Materials								
Learning Needs Assesment and Vision 2020 material for 2009 National CHN Conference			487.00					
Rent and Utilities								
Teleconference of Political Action and Advocacy Standing Committee regarding next steps Vision 2020					119.00			
SUSTAINABLE CHNC ORGANIZATION STRUCTURES, PROCESSES, RELATIONSHIPS								
STRONG ORGANIZATIONAL STRUCTURES AND PROCESSES								

STRONG NATIONAL AND LOCAL PRESENCE								
Travel								
Provincial/territorial representatives attended National CHN Conference workshops		21,640.00						
Materials			11,399.00					
Registration fee workshop								
Printing CCHN Standards and Toolkit for distribution								
Postage for distributing CCHN Standards and Toolkit								
Rent and Utilities				6,570.00				
2 one-hour webinars attended by 135 community health nurses								
		0.00	21,640.00	11,399.00	6,570.00	0.00	0.00	39,609.00
DEVELOPING NATIONAL PARTNERS								
Personnel	10,160.00							
Consultant facilitated meeting with national associations and provincial/territorial representatives								
Writer prepared report								
Travel		20,142.00						
Representatives from all provinces and territories (Nunavut Rep not present) and National Partners met in Ottawa								
Materials			136.00					
Report preparation								
		10,160.00	20,142.00	136.00	0.00	0.00	0.00	30,438.00

Standing Committees to the Board Reports

June 16, 2010

Certification, Standards and Competencies Standing Committee Report to Annual General Meeting June 2010

Chair: Ruth Schofield (co-chair), Rosemarie Goodyear (co-chair)

Committee Members: Tracy Lovett, Leila Gillis, Linda Duffley, Helene LaCroix, Claire Betker, Margot Suttis, Lynda Tjaden (new member April 2010), Shona Styles (resigned March 2010), Michelle Hogan (on maternity leave)

CHNC 2009-2010 Activities/Events

1. Evaluation of Certification

Under the lead of Dr. Sandra Bassendowski, CSC standing committee members wrote an article on the evaluation of the Canadian Nurses Association (CNA) certification exam titled "*An Evaluation of the Community Health Nursing Certification Examination*" and submitted to three journals. Unfortunately the article has not been accepted.

A joint CNA and CHNC evaluation research study called "*Influence of Certification on Community Health Nursing*" was conducted by Dr. Ardene Vollman and Dr. Ruth Martin-Meisner. They collected information about the influences of certification on community health nursing practice in Canada. The goal of the project was to assess the outcomes and influences of certification on community health nursing practice. The study report can be found on the CHNC website: www.chnc.ca.

2. Public Health Nursing Competencies Development Project

The PHN Discipline Specific Competencies were officially launched at the 2009 CHNC conference in Calgary.

A dissemination plan in collaboration with the CHNC Professional Development and Education Standing Committee was developed. Each provincial/territorial Board representative distributed in their jurisdiction.

3. Home Health Competencies Development

The Home Health Competencies Development project was conducted by Jane Underwood and Associates and Innovative Solutions Health Plus. The final report is in English and French on the CHNC website.

The CSC committee collaborated with the CHNC Communications Standing Committee and home health CHNC Board members to develop the National

HH Competencies Launch scheduled for the 4th National CHNC Conference on June 18, 2010.

4. Revision of CPHA Public Health Nursing “Green Book”

The CSC Standing Committee in collaboration with CHNC Professional Development and Education Standing Committee and CPHA formed a Project management group and Expert group with national representation to revise the CPHA Public Health Nursing Green Book with plans to launch at the CPHA Centennial Conference June 2010.

In November the project accountability was shifted to the CHNC Professional Development and Education Standing Committee.

5. Management Competencies

One of the CSC Standing Committee work plan goals was the development of management competencies. On behalf the CSC committee, Rosemarie Goodyear was a liaison and member of the PHAC Public Health Human Resource Task group who explored the idea of the development of Management Competencies. In the fall of 2009 PHAC recommended the work on this project be put on hold.

6. Terms of Reference

CSC Members revised for 2010-2011 terms of References and shifted the roles and responsibilities to focus on development and contribute to, and evaluation of competencies, standards and certification and to move dissemination responsibilities to the Communication Standing Committee to reduce overlap.

7. Canadian Community Health Nursing Standards of Practice Revisions

The CSC 2010-2011 work plan project on the revisions to the Canadian Community Health Nursing Standards of Practice was approved. In May 2010 Jane Underwood and Associates and Innovative Solutions Health Plus were hired to conduct the project.

The CSC committee will collaborate with the CHNC Professional Development and Education Standing Committee on the accompanying project on the redevelopment and evaluation of the CCHN practice model.

Respectfully submitted by,

Ruth Schofield and Rosemarie Goodyear

Communications and Membership Standing Committee Report to Annual General Meeting June 2010

Chair: Yvette Laforêt-Fliesser

Committee Members: Maryann Kusmirski (AB), Karen Milley (NL-LB)
Linda Andrews (NL-LB), Christine Dejong (NB), Lisa Ann Babineau (NB)

CHNC 2009-2010 Activities and/or Events

Six meetings were held since September, 2009. Additionally, committee members communicated frequently by email and also completed tasks in between meetings such as reviewing information pages on the website, writing press releases and reviewing drafts of project reports. I gratefully acknowledge the hard work and commitment of all committee members during this past year and offer my heartfelt thanks to each and every one of them.

The committee's workplan focuses on several important projects, two of which were funded through the Public Health Workforce Development of Products and Tools Program.

1. Website redesign

The work to migrate information from our former website provider to the new provider, Modern Earth, has rolled out slowly but purposefully. The committee worked with two consultants who facilitated this transition and the service contract with Modern Earth, our new provider. The following features were added to the website:

- Online membership registration
- Online eco-commerce feature that facilitates purchasing of CHNC products
- Launching of French website
- Great Big News update feature
- Options to hold elections and polls through the website
- Discussion forums for the board, committees and general membership
- Membership information updates
- New analytical systems for retrieving use of website
- Professional development section integrating new knowledge products as they become available

In 2010-11, ongoing development of the website will continue to facilitate member use of current and new knowledge products.

2. Development of a Dissemination Strategy

The committee worked with a contractor to develop a plan to assist CHNC in disseminating products and resources in a more effective and efficient manner. The committee met with the consultant on two occasions to review drafts of the plan. A final report was received in early April. The plan will assist CHNC to:

- Extract clear, simple and active main messages from the products or research it conducts
- Identify credible vehicles for messaging
- Identify key audiences for the messages/products
- Develop ways of delivering the messages to the appropriate target audiences in order to enhance uptake/integration of the knowledge products and/or research produced by CHNC.

The plan offers recommendations of what CHNC can take on immediately and what may require long-term planning due to funding or staffing constraints. The plan is being tested to disseminate the Home Health Nursing Competencies that are being launched in June.

3. Membership Promotion and Benefits

"Why I belong to CHNC" Testimonials

Last December, the Board discussed the idea of posting personal testimonies of their experiences as a CHNC members on our website. Several members had indicated an interest. The Committee developed a template for these stories and requested that each Board member write her own story of what she has gained from being a CHNC member and what she is giving to the association. The goal is to have these posted on the Members Only section of the website and to encourage other members to share their story.

Award and Bursaries

Board members and the general membership were invited to nominate a deserving CHN for the Award of Merit that is usually given on an annual basis. A call for nominations for this award and the Barbara Mildon Certification Bursary was posted on the website and also featured in two Great Big News email blasts to members.

Membership Promotion

A new bilingual corporate display suitable for larger events, such as conferences or job fairs, was designed and purchased and will be featured for the first time at this year's CPHA and CHNC conferences in Toronto. Two smaller portable bilingual displays were also designed to reflect new logo and corporate colours. These will be available to members for membership promotion and can be sent by courier from head office. Other promotional items such as an information brochure and a CHNC pin will be considered in the coming year.

There has been tremendous growth in our individual membership since 2008: it has grown from 235 to 451 in 2010. Alberta's membership has increased from 25 to 81 since becoming a group member in 2009. All jurisdictions have increased their numbers since 2008. This year there have been challenges in obtaining an accurate record of members in CHNC due to a delay in establishing the online service for joining or renewing membership on our new website. All individual members have recently an email notice to renew their memberships for 2010.

As of June 1, 2010, we have 2000 members. The provincial-territorial breakdown is as follows:

Group Members: CHNIG	1549
CHNAlberta	81
British Columbia:	102
Manitoba	47
New Brunswick	31
Newfoundland and Labrador	34
Northwest Territories	16
Nova Scotia	46
Nunavut	11
Prince Edward Island	12
Quebec	8
Saskatchewan	55
Yukon	8

Respectfully submitted by,



Yvette Laforêt-Fliesser
Communications Officer and Chair

Bylaws, Constitution and Annual General Meeting Standing Committee Report to Annual General Meeting June 2010

Chair: Lynda Tjaden

Committee Members: Adair Barry-Roop, Gillian Duff, Denise Tardif

CHNC 2009-2010 Activities and/or Events

Approval of Bylaws from 2009

Bylaws for 2009 were posted on the web site for electronic voting. They will be voted on at the AGM.

Annual Review of Bylaws

The committee completed an annual review of the bylaws. There were no changes recommended through that process. The committee concluded that due to the significant updating completed in 2008, the bylaws were current in terms of wording and context.

Bylaw amendments

The Board recommended changes to fees. The recommended new fee structure was included in the Notice of AGM.

Included in the change to the fee structure, following the discussion at the 2009 AGM, the committee developed wording to allow students to waive CHNC fees.

The recommended changes to the fee structure were shared with members through the website and communicated through provincial networks.

There were no resolutions received prior to the 2010 AGM.

AGM preparation

The committee provided assistance for the AGM by preparing the Call for Resolution and Notice of AGM. That information was forwarded to the provincial networks and posted on the website.

Respectfully submitted by,

Lynda Tjaden

Education and Professional Development Standing Committee Report to Annual General Meeting June 2010

Co-Chairs: Shirley Blyth & Yvette Laforêt-Fliesser

Committee Members: We welcomed five new members: Jennifer Tonn, Lori Strudwick, Candy Sloboda, Moira O'Regan-Hogan and Shirley Blyth. The board representatives include Yvette Laforêt-Fliesser, Shirley Blyth, Heather Johnson and Arlene Rose.

Representatives from the general CHNC membership are Cheryl Cusack (MB) , Cheryl Reid-Haughian (ON), Karen MacDougall (PHAC), Jennifer Tonn, (ON), Lori Strudwick (YT), Candy Sloboda (AB), Moria O'Regan-Hogan (NL-LB), Donna Meagher-Stewart (NS, CASN link and past chair of Ed & PD Committee). Regretfully Felicity Hemming left the committee in January 2010 after serving a 2-year term.

CHNC 2009-2010 Activities/Events

- This committee had 4 meetings since June 2009 (Oct, Nov, Feb and April). Committee members were also invited to participate in a special teleconference in April to provide feedback on a draft report on Toolkit Evaluation.
- Developed an evaluation tool for the online workshop for members on Evidence Informed Decision Making conducted by NCCMT, Dr. Donna Ciliska.
- Recommended implementation of Public Health Nursing Discipline Specific Competencies as the topic for pre-conference workshop and this will be facilitated by Heather Lokko of Middlesex-London Health Unit and Allyn White of Fraser Health Authority.
- Reviewed and provided feedback on draft modules on Communities of Practice developed by Liz Diem and Alwyn Moyer. A workshop on using the learning package is being offered by Diem and Moyer as a preconference workshop.
- Reviewed and received a final report on the Evaluation of the Standards Toolkit Evaluation completed by Dr. Ardene Robinson Vollman.
- Circulated the Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students (CASN).

- The committee received regular reports from the PHAC funded projects and provided feedback to assist the consultants in their work.
- With regard to future topics for professional development, the committee reviewed Table 10, Summary of Learning Needs and Level of Activity Related to these Learning Needs for all CHNs in Canada (NHSRU Phase 2 Report). Additionally, the committee will need to review the recommendations of other CHNC reports completed this year to plan continuing education opportunities for community health nurses.
- The co-chairs wish to sincerely thank all members for their contributions in achieving the goals of the work plan for this committee.
- A new chair/co-chair for this committee will be appointed for the 2010-11 year.

Respectfully submitted by,

Shirley Blyth and Yvette Laforêt-Fliesser

National Conference Standing Committee Report to Annual General Meeting June 2010

Chair: Kate Thompson

Committee Members: Claire Betker, Maryann Kusmirski, Ruth Schofield, Kate Thompson

CHNC 2009-2010 Activities/Events

The National Conference Standing Committee was formed at the December 2008 face-to-face Board meeting, and in the last 18 months has:

- Defined the difference between and developed Terms of Reference for both the National Conference Standing Committee and the Annual Conference Planning Committee.
- With the 2009 Conference Planning Committee, enjoyed great success of the 2009 Annual Conference in Calgary and realized a profit of \$8,500.

\$2,100 of this profit has been protected in a special budget line within the CHNC budget, for provincial and territorial groups of Community Health Nurses to apply as capacity building “seed money” to fund provincial/territorial initiatives and/or national initiatives (for example, become partners with CHNC for a future national community health nursing conference).

The remaining profit from 2009 (\$6,400) was re-invested in the planning process for the 2010 National CHN Conference.

- Determined a competitive process to invite applications from conference planners, and used that process to choose a conference planner to work with CHNC and partner organizations to plan and present the annual National CHN Conference for 2010 and 2011.
- Formed a partnership with Community Health Interest Group (Ontario) to plan and implement the 2010 National Community Health Nursing Conference.
- Formed a partnership with the emerging “Atlantic CHN Coalition” to plan and implement the 2011 National Community Health Nursing Conference to be held in Halifax, May 16, 17 and 18, 2011.
- Currently exploring opportunities for partnerships for national conferences in 2012 and 2013.

- Established criteria and process for provincial and territorial organizations to apply to CHNC for portions of the protected “capacity building/seed funding” budget line of CHNC budget.

Respectfully submitted by,

Kate Thompson

Political Action & Advocacy Standing Committee Report to Annual General Meeting June 2010

Members: Claire Betker, Anne Clarotto, Laurie Parton, Cheryl Armistead, Katie Dilworth, Marlene Slepkov, Carolyn Hill-Carroll, Sheila Murray, Kim Dalla Bona

Status of Standing Committee Activities

Environmental Scan Update

A contractor, Jean Lederer, developed a clear language document from the environmental scan which will be used as a knowledge product for distribution and utilization. She also developed a background document as a quick reference.

Another contractor, Audrey Danaher took the environmental scan plus seven other documents and synthesized the information highlighting relevant issues and areas of convergence in the findings and recommendations from the reports. From this she identified key issues and recommendations related to community health nursing. The intent of the synthesis document is to lay the groundwork for a “Blueprint for Action”. In addition to the PA&A committee members, five other CHNC members representing Quebec, the east coast and Home Health nursing participated.

“The Future of Community Health Nursing in Canada: A Time for Action” is being presented as a network café at the CHNC conference. In addition to the PA&A committee, Pammla Petrucka, who analyzed the results of the scan, will be facilitating.

CNA Social Justice Gauge

Members of the PA&A committee have been working with CNA and RAO to develop and provide a pre-conference workshop on the CNA Social Justice Gauge for the CHNC conference in June.

The PA&A committee collaborated and contracted with CNA to develop tools to increase the awareness of CHNs of the concept of social justice and how it is applied in practice. Four deliverables were received:

- Project 1 Report: Assessment of current CHNC programs, policies and products using the CNA Social Justice Gauge;
- Equality, Equity and Social Justice: A Primer for Community Health Nurses;

- The CHNC and CNA Partnership for Social Justice; and
- CNA's Social Justice Work with the Community Health Nurses of Canada End of Contract Report.

Community Health Nursing Definition and Vision Statement

Recommendation made to the Communications and Membership standing committee to explore the possibility of promoting the Definition and Vision statement at the CHNC conference in June.

The PA&A committee will revisit the recommendations from the "*Community Health Nursing Vision for 2020: Shaping the Future*" document and ensure they are reflected in the synthesis paper and become part of the Blueprint for Action.

Blue Print for Action

From the recommendations from *A Synthesis of Canadian Community Health Nursing Reports, March 2010*, CHNC, through the PA&A standing committee, plans to establish a taskforce and begin to develop and implement key aspects of a Blue Print for Action to strengthen community health nursing in Canada.

This is a big project which will require a contractor and an expert group to guide the work with the PA&A standing committee managing and overseeing the project.

PA&A standing committee in the process of selecting the contractor.

Respectfully submitted by,

Laurie Parton

Provincial Territorial Representatives' Reports

June 16, 2010

Alberta
Report to Annual General Meeting June 2010

Representative: Maryann Kusmirski

Number of CHNC Members: Jan 1, 2009 – Dec 31, 2009 = 232 members
Jan 1, 2010 – April 31, 2010 = 90 members

CHNC Activities/Events

- Modified CHNA branding to CHNAlberta – updated our bylaws, creating a new logo, promotional display/materials and redesigned our website
- June 2009 – Co-hosted the National Community Health Nurses Conference
- Feb 2010 – Co-coordinated the CHN Western Canada On-line Workshop
- Winter/Spring 2010: CHNAlberta Board Member participated as a member of the National Home Health Competencies Advisory Committee
- Held four area representative meetings with public and home health nurses from across the province
- Participated on the Communications and Conference Standing Committees; chaired the Marketing Committee – 2010 National Conference
- Disseminated CHN Standards (and some tool kits) and flyers, PHN Competencies, CHNAlberta Membership information to 60 Alberta Health Services Vice Presidents, Public Health & Home Health Executive Directors and Directors, all university and college Community Health Course Coordinators, FNIH Directors, CARNA, APHA, AB Home Care and Support Association, Canadian Public Health Association – AB Branch
- Sent a mass newsletter to CHNAlberta members and 200 Public Health and Home Health Managers across the province with electronic links to the standards and competencies and membership information located on the CHNC website. Two weeks later, newsletter forwarded over 350 times to nurses across the province: 20.7% opened the link to the Standards of Practice, 15% opened the link to the Competencies, 15% opened the link to the CHNC homepage and 4.5% opened the link to the conference.
- Executive Board held a one day Strategic Planning Meeting
- Received electronic file of 1800 nurses who requested information on joining CHNAlberta. Electronic newsletter containing information about the association and links to the website sent to all 1800 nurses

Connections

- E-mailed 6 CHN Connections newsletters to members
- Re-designed CHNAlberta Website
- Created and Disseminated two CHN Connections (Short video to promote Electronic Engagement and Reflection by CHNs on current topic)
- Created 10 Grab and Go recruitment packages
- Evolving role of Area Representatives to CHNAlberta Champions

Education

- Planning on four CHN online Webinars in 2010
- National Conference Presentation – June 2010 on Connecting CHNs: Strategies to Create an online Community.
- Paid conference registration fee for one CHNAlberta member

Collaboration

- Alberta Public Health Association (APHA) sponsor – provincial workshop
- College and Association of Registered Nurses of Alberta (CARNA): speciality practice group – submitted reports, provided feedback on documents and submitted the 2009 Annual Report

Opportunities

- An opportunity to continue to grow as a provincial association.
- Provincial sense of “feeling lost as Community Health Nurses” – opportunity for CHNAlberta to promote the connections of CHNAlberta and CHNC
- Starting to plan for a 2011 Provincial Workshop

Challenges

- Volunteer time limitations
- The amalgamation of 9 regional health authorities, provincial cancer board and other organizations into one organization has resulted in staff movement and transitions across the province. CHAlberta is adapting to the new organizations and changing our approach to outreach new members
- Developing source of funding beyond membership
- Building members capacity with on-line communication tools
- Attracting and retaining members and board members

Respectfully submitted by,

Maryann Kusmirski

**British Columbia
Report to Annual General Meeting June 2010**

Representative: Wendy Bruins

Number of CHNC Members: 124 increased from 70

CHNC Activities/Events: Distributed email communication from the board. Attended the C.N.A. CHN certification celebration in Fraser Health on April 29, 2010 for 25 PHNs who wrote the certification exam this year. I congratulated PHNs on their accomplishment on behalf of the board and invited their involvement in CHNC.

Fraser Health Core Competencies 2010 project update: The 2010 project in Fraser Health builds on the 2009 project. In 2009 FH in partnership with BCNU, PHAC, and BC Ministry Healthy Living and Sport participated in a collaborative project that introduced the Core Competencies for Public Health: Release 1.0 (CCPH) to the PHNs in FH. There were dialogue sessions with a representative group of PHNs from across FH to gather information and ideas on how to present the CCPH to the FH PHNs. A workshop was offered on two dates in the spring of 2009 and close to 200 nurses attended each session. Preceptorship nursing students as well as public health nursing faculty from the five schools of nursing within FH were also invited and attended these workshops. This was a very unique project in that it was a union practice collaborative and jointly funded by PHAC, BCNU, and FH. The key themes that emerged from the PHNs in this project are a strong desire for increased support and access to ongoing continuing education opportunities, for PHNs to have a greater input and involvement in program planning, and the call for further opportunities for PHNs to connect and share with their peers.

The 2009 project was very successful and met its outcomes and objectives. All partners were pleased with the project outcomes and had a desire to continue the partnership and develop another project for 2010 that builds on the feedback and key themes identified from the PHNs. A project that examines learning cultures and fostering the ongoing professional development of PHNs within the context of the Core Competencies for Public Health: Release 1.0 was suggested as well as introducing the newly released PHN discipline specific competencies.

The 2010 project was again a collaborative project with the four partners. Dialogue sessions with representative groups of PHNs from across FH were conducted to gather more information from PHNs about professional development, learning cultures and how the CCPH supported professional development. This information was used to plan a one-day in-service for all FH PHNs that examines fostering learning cultures, ongoing professional development, personal leadership, and introduces the Public Health Nursing

discipline specific competencies. The one-day session was offered on six different dates in May/June to provide all PHNs an opportunity to attend.

The in-service was called “Strengthening Your Professional Identity: Embracing the Public Health Nursing Competencies and Lifelong Learning”

During the in-services the PHNs all received copies of the PHN discipline specific competencies (provided by CHNC) and were presented with a self-directed learning pathway that explores how to be a lifelong learner as a professional. The PHNs were invited to engage in the process of story based learning as a strategy to promote learning and foster learning cultures and explore how the PHN competencies relate to practice and can be used to strengthen PHN practice.

This project was jointly funded by BCNU and PHAC. FH was able to provide in-kind support and funding towards staffing of the project working committee and the PHNs attendance at the dialogue sessions and in-services. Evaluation data is not yet available as there are two more sessions to be completed. Allyn Whyte Project Lead provided this update.

Opportunities: I am getting more inquiries from new and existing BC CHNC members with expression of interest in the CHNC annual conference or responding to email communication. I will be joining the Education and Professional Development Standing Committee.

Challenges: Accessing Home Health nurses. I am hopeful that this will change with the release of the Core Competencies for Home Health Nurses.

CRNBC board decision on April 10, 2010 to “initiate a measured and managed withdrawal from CNA as a jurisdictional member.” CRNBC will bring the board’s decision to their AGM on June 25th for a vote. The RN Network of BC is having their first annual meeting on May 19, 2010. The meeting purpose is to explain the formation of an association for registered nurses in BC.

Respectfully submitted by,

Wendy Bruins

Manitoba
Report to Annual General Meeting June 2010

Representative: Lynda Tjaden and Cheryl Cusack

Number of CHNAC Members: 53 (was 20 in 2009)

CHNAC Activities/Events:

Community Health Nursing Standards Workshop

- Workshop will be held on June 9, 2010-06-07
- Almost 200 participants registered
- Participation from Home Care, Primary Care/Primary Health Care, Public Health and University Nursing programs
- Participation from many if not most regions, FNIH, Manitoba Health, community agencies, etc.
- Planning committee included partnership between MPHA, CHNC and the Manitoba Public Health Managers Network.
- Will present on CHNC at the workshop

Encouraging provincial members to get involved in CHNAC activities

- E.g. conference planning workshop, Home Health competencies, pilot testing Standards survey, etc
- In the fall will be looking at planning the next phase of a workshop as follow-up to the 2008 Core Competencies for PH Managers in partnership with MPHA, MB Public Health Managers Network, Environmental Health Officers, University, and MB Health and Healthy Living, The next phase was planned for May, 09, but was delayed due to the H1N1 Influenza A response and will be rescheduled for fall, 2010.
- This phase involves completing proficiency levels for the core competencies for PH Mgrs (inter-professional) as a discipline group.

Opportunities

- Standards workshop provides and opportunity to inform more nurses about CHNC and the certification process.
- Collaborative partnerships within organizations/jurisdictions and various programs that community health nurses work in.

Challenges

- Time/opportunities to broaden provincial membership

Respectfully submitted by,

Lynda Tjaden

**New Brunswick
Report to Annual General Meeting June 2010**

Representative: Anne Lebens

Number of CHNC Members: 44

CHNC Activities/Events:

Between June 2009 to May 2010

- NB Representative attended the CHNC national conference in Alberta in June 2009.
- Promotion and distribution of Public Health Nurse Performance Appraisal System Tool from Middlesex-London that incorporates CCHN Standards of Practice and Core Competencies for Public Health.
- Distribution of Public Health Nursing Competencies, Toolkits and Core Competencies for Public Health Materials to various employers, directors, managers, universities, Nurses Association of New Brunswick and CHNC members in New Brunswick.
- Presentation on CCHN Standards of Practice, Core Competencies for Public Health given to Université de Moncton and University of New Brunswick 3rd year Nursing Students. CCHN Standards of Practice, Toolkit and Core Competencies materials distributed and made available to the class.
- Regular bilingual emails sent to New Brunswick CHNC members
- Promotion of the new CHNC website to Public Health Nurses and Management in NB.
- Promotion of various reports and publications to Public Health Nurses and Managers as well as Home Health Management in NB.
- Explored with Atlantic CHNC counterparts the possibility of creating an Atlantic Coalition.
- Participated in a number of teleconferences in support of hosting the 2011 CHNC Conference in Halifax NS.
- A number of New Brunswick CHNC members have volunteered to help with the organizing of the 2011 CHNC Conference in Halifax, NS.
- A 2 part Webinar on Evidence Informed Decision Making with Donna Ciliska from the National Collaborating Centre for Methods and Tools was held for Eastern CHNC members in February 2010. A small number of members participated and found the webinars very valuable.

Opportunities:

- New CHNC bilingual website should attract a larger group of community health nurses in NB.
- Circulation of recent CHNC project reports heightens interest in community health nursing practice issues.
- Increasing membership.

- Recent publications and reports will enhance the profile of CHNC in New Brunswick.

Challenges:

- Engaging French and English speaking nurses to become involved.
- Competing priorities reduce time available to network and get involved.
- Restructuring of the Public Health system in NB has diverted attention from practice issues towards clarifying reporting and process mechanisms.
- Home Health and Public Health Nurses do not find that they have the same order of priorities to allow them to devote limited time to mutual interests that may be lower on the priority lists.
- Lack of available time to keep up with the enormous amount of new information now made available thru various media. Nurses are overwhelmed with an overload of information and expectations coming to them from many directions.
- Retaining an up to date provincial CHNC membership list is a challenge. Email is the best means of maintaining two way communication with members.

Respectfully submitted by,

Anne Lebens

Newfoundland and Labrador Report to Annual General Meeting 2010

Representative: Karen Milley

Number of CHNC Members: 51 (the largest number of members in the last 3 years)

CHNC Activities/Events:

Webinar event The 2010 Evidence Informed Decision Making Online Workshop had 15 participants from this province. This was a great event on many levels. Some participants became members of CHNC in order to attend the conference call.

Distribution of Resources Resources including Community Health Nursing Standards, Public Health Specific Competencies and PHAC skills online resources were distributed to all Regional Health Authorities in Newfoundland and Labrador.

Email Contact Email contact is made with members on a regular basis. Surveys, opportunities, education and information are forwarded to members.

Inclusion of Community Health Nursing Standards in the Performance Review Process A second draft performance review document that can be used for both Public Health and Home & Community Care Nurses was completed in collaboration with Renee Dobbin, Public Health Manager, Eastern Health. Additional work to streamline the document is planned for spring and summer. The goal is to have it available for use by Fall 2010.

Some of the planned activities for 2009 were interrupted by H1N1 activities.

Opportunities:

Conference 2011 Opportunities to promote CHNC membership with the promotion of the CHNC conference coming to Atlantic Canada in May 2011.

Challenges:

No formal network of Newfoundland and Labrador or Atlantic Canada members.
Limited funds.

Respectfully submitted by,

Karen Milley

**Northwest Territories
Report to Annual General Meeting 2010**

Representative: Laurie Parton

Number of CHNC Members: 13

CHNC Activities/Events:

- Ongoing distribution of emails providing membership with information about CHNC activities as well as other nursing issues.
- Further distribution of email information on to key nursing leaders and managers as appropriate.

Opportunities:

- The CHNC conference is gaining increasing profile and notice among community health nurses.
- Membership in the NT increased by 5 members which in part can be attributed to the promotion of the CHNC conference.

Challenges:

- The time to devote to developing activities specific to NT membership. Certainly the use of webinars is well received in the NT and would like to see more opportunities to partner with other provinces/territories to provide these.

Respectfully submitted by,

Laurie Parton

**Nova Scotia
Report to Annual General Meeting 2010**

Representative: Tracy Lovett

Number of CHNC Members: Approximately 45

CHNC Activities and Events:

- Ongoing email communication with NS membership
- Regular meetings via teleconference with NS membership
- Member of the NCCMT Advisory Committee, CSC Standing Committee and National Conference Marketing Committee
- CHNC display at the Dalhousie University 4th Year Community Health Nursing Poster Display. Raffle off an “entry to practice kit” for a 4th year student planning to enter community health nursing; included a CCHN Standards toolkit, CCHN Standards, PHN Competencies, Standards poster and a CHNC membership.
- Actively involved in 2011 Conference planning
- Atlantic wide teleconference March 2010 to kick off planning
- Evidence Informed Decision Making webinars with Donna Ciliska Feb/Mar 2010
- CHNC display at the CRNNS AGM May 2010
- CHNC Nursing Week display at CDHA Public Health May 2010
- Face to face meeting/dinner with CHNC president and NS members June 2010
-

Opportunities:

- Webinars; six new members joined to participate in these sessions
- 2011 Conference, engaging membership

Challenges:

- Resources
- Keeping a current membership list
- Increasing invisibility of Public Health Nursing in NS

Respectfully submitted by,

Tracy Lovett

**Nunavut
Report to Annual General Meeting 2010**

Representative: Margot Suttis

Number of CHNC Members: 14

CHNC Activities and Events:

Forwarding of CHNC information and updates to all members.

Encouraging certification and CHNC membership through e-mails, face to face communication and a submission to the territorial Nunavut Nurse publication.

Dissemination of the CHN standards, toolkits and PHN competencies through the territorial Public Health consultant.

Challenges: As usual the challenges remain the transient workforce, vast geography and remoteness and time restraints.

Respectfully submitted by,

Margot Suttis BN, RN, CCHN(C), IBCLC

**Ontario
Report to Annual General Meeting 2010**

Representative: Kim Dalla Bona

Number of CHNC Members: 1549

CHNC Activities and Events:

Goal One: To influence health and social policy, taking into consideration the social determinants of health

Objectives

- Advocate for the development of appropriate health and social policy in Ministry Task Force, events and governmental and non-governmental organization initiatives
- Integrate CHN principles in policy response.
- Identify and respond to relevant issues that may affect community health nursing, health and social policy.

Actions

Members of the CHNIG executive participated in:

- A school health initiative, focusing on planning a resolution designed to support nurses in schools.
- National teleconferences with CNA about H1N1 and nursing issues.
- Consultation on the DRAFT CA-MRSA fact sheet and algorithm created by the Provincial Infectious Diseases Advisory Committee (PIDAC) Subcommittee on Communicable Diseases.
- Public Health Law day with the Ministry of Health and Long Term Care.
- Queens Park Day where the CHNIG political action executive member spoke eloquently to Andrea Horvath about the importance of Health Promotion.
- Several meetings of community anti-poverty groups located in Hamilton; networking, developing partnerships and supporting the advocacy work of these groups and local community agencies who are a part of the provincial campaigns such as “Do the Math” and “Put Food in the Budget”.
- With members of the RNAO home office, Hamilton RNAO chapter and the Hamilton Council on Aging, assisted in the organization of a successful anti-poverty event “Dignity for All”.
- A key community event in Hamilton held on December 4, 2009, acknowledging the first year anniversary of the announcement of the 25 in 5 poverty reduction policy of the Ontario government. Along with approximately 60 community and agency members from cities all over Ontario, brainstormed and planned further strategies to strengthen political action and advocacy work to achieve an increase in social assistance payments.

- A meeting with the Minister of Municipal Affairs and Housing; consultation, speech from the Minister followed by table breakout sessions.
- Providing feedback on Ontario Health Plan for an Influenza Pandemic as part of RNAO response to the Ministry of Health
- A teleconference with nursing leaders from across Ontario and RNAO policy staff to inform, discuss and determine action, specific to changes to the *Youth Action Alliance* and *Smoke Free Ontario* initiatives and enforcement. CHNIG participated in the writing and submission of a letter to Premier Dalton McGuinty, identifying concerns and consequences.
- Chairing for RNAO Resolution #2 workgroup re) Safe sleep practices for infants which advocated for support for BPG re infant safe sleep, and shared safe sleep resources with other provinces. CHNIG recently collaborated with RNAO to establish a focus group for new BPG on safe sleep practice.
- Collaborating with Public Health Nurses, from across the province, to develop a background paper designed to accompany a School health resolution, prepared for the December RNAO board meeting and aimed at strengthening school health nursing in Ontario.
- RNAO workshop “Nursing Out Loud” to enhance skills in the articulation of nursing roles and impact on the health of communities.
- An e-survey in response to discussion paper from MOHLTC related to public health capacity in Ontario: ‘Building PH: Stakeholder consultation strategy’.
- Collaborating with RNAO and CHNIG past presidents to create a history document about CHNIG. This was used at the OPHA conference and posted on the CHNIG website.
- Representing CHNIG at the annual *Ontario Association of Community Care Access Centres (OACCAC) Conference: OACCAC: Knowledge and Inspiration 2009*. June 3-5, 2009, Toronto, Ontario.
- Meetings to plan the first ever Public Health Nursing summit with the Ontario Agency for Health Protection and Promotion.

CHNIG is participating, with the Community Health Nurses of Canada (CHNC), in the process of developing a synthesis report from a defined set of documents. Through content analysis, relevant issues will be highlighted and areas of convergence in the findings and recommendations will be described. In particular the recommendations will be viewed for leadership; role clarity; need to build capacity (access to capacity) and interprofessional practice. The report will identify key issues and recommendations as related to: community health nursing in general; key issues and recommendations specific to public health nursing; and key issues and recommendations specific to home health nursing. The synthesis paper will lay the groundwork for a blueprint for national action by CHNC.

Two members of the CHNIG executive participate within the National CHNC Political Action and Advocacy committee. The committee is working on several

projects including one with CNA on their Social Justice Gauge and it's applicability to Community Health Nursing.

CHNIG consulted on several relevant initiatives, such as: the WHO Infant Growth Standards, the second PHAC consultation on HIV prevention and Ministry of Education Health & Physical Education curriculum review of senior courses.

CHNIG sent out a mass e-mail to CHNIG membership on behalf of the Public Health Agency of Canada requesting participation in an on-line consultation on HIV Testing and Counseling. The Public Health Agency of Canada (PHAC), in collaboration with the provinces and territories, is updating the Counselling Guidelines for HIV Testing, and developing a policy framework to support HIV testing and counselling in Canada.

A CHNIG executive member is participating in the planning of a pre-conference workshop (4th National CHN Conference, June 2010) *Strengthening Advocacy and Social Justice in Community Health Nursing*.

Posted on the CHNIG website multiple items of interest, such as:

- CNA has drafted a revised position statement on Determinants of Health and is now conducting a consultation with stakeholders. Invitation to participate in an on-line survey to review and provide input on the revised position statement.
- The Quality Worklife Quality Healthcare Collaborative date, location and flyer for their next annual conference. The Theme is *Healthy Workplaces in Action: Working Together to Deliver Quality Care*.

Goal Two: To build capacity in Community Health Nurses.

Objectives

- Participate in conference planning.
- Explore opportunities to support preceptorship in CHN.
- Develop HH competencies.
- Disseminate relevant research to CHNs.
- Explore the feasibility, value and appropriateness of current RAO Foundation: HH Orientation.
- Promote uptake of evidence-informed practice.
- Provide funding opportunities for education, program evaluation and research initiatives (Nurse Members).
- Assist CHNs to meet competency and certification requirements and standards.

Actions

Children's Health and the Environment information was posted on the CHNIG website. A workshop for health professionals on children's health and the environment, taking place in Toronto (May 29) and Windsor (June 19).

CHNIG posted, on the CHNIG website, details specific to a new on line course on Infectious Disease Outbreaks, developed by the Public Health Agency of Canada, in collaboration with the Canadian Public Health Association and Memorial University. This continuing medical education course received approval by the Public Health Network Council that includes representatives from the Ministries of Health of all the provinces and territories and links clinicians directly to provincial and territorial resources.

CHNIG Sent out a mass e-mail to CHNIG membership, distributing a survey, on behalf of Community Health Nurses of Canada. Health Nexus is working with Public Health Agency (PHAC)'s Best Practices Portal to identify organizations that work closely with front-line practitioners in public and community health -- specifically in the areas of health promotion and chronic disease prevention. Attempts are being made to map some of these 'connector' organizations who can 'push out' information about evidence-informed practice. These organizations, being termed "public health intermediaries", are viewed as important agents in building a primary audience for the Portal as a hub for evidence-informed policy and practice.

Posted on the CHNIG website: opportunities for participation in CHET-Works Fireside Chats, free pan-Canadian discussions on pressing community health issues for professionals from community health and issue-related sectors.

CHNIG posted a call, on the CHNIG website: *Provincial Needs Assessment – Ontario Oncology Nurses' Professional & Career Development*. The needs assessment is being undertaken by a partnership comprising McMaster University, Cancer Care Ontario and The de Souza Institute. The needs assessment will inform a provincial initiative on coaching, preceptorship and mentorship of generalist and specialist oncology nurses. At present, there is a program for e-mentorship for APNs. With the findings from this needs assessment, we hope to expand and shape the program to include professional and career development supports to generalist and specialist nurses.

Members of the CHNIG executive participated in OPHA conference as volunteer, moderating sessions. Members of the CHNIG executive participated in presenting the PHN competencies at the OPHA conference

CHNIG collaborated with CHNC and NCCMT to provide a professional development event for CHNIG members. *Evidence Informed Decision Making Online Workshop*. Participants were invited to join CHN colleagues from across Canada for a dynamic interactive online workshop as a part of their 2010 CHNIG/CHNC membership.

Members of the CHNIG executive participated in co-chairing and planning the 4th National Community Health Nurses conference. With co-hosting and planning the 4th National Community Health Nursing Conference.; June 16-18 2010 at the

Sheraton Centre Toronto, many CHNIG members are participating on the program, marketing or hospitality committees.

4th National CHN Conference, *Knowledge to Action: Engage, Enable, Inspire*, June 16-18, 2010, Toronto, Ontario.

- Participating in the planning of a pre-conference workshop: *Strengthening Advocacy and Social Justice in Community Health Nursing*.
- Participating in the planning of a Networking café: *The Future of Community Health Nursing in Canada: A Time for Action*.
- Participating in the planning of a Network Café designed to release CHNC HH Nursing Competencies

Members of the CHNIG executive held orientation session for new executive members.

Shelly Walkerley was successful with obtaining the CHNIG research award. Shelly plans to investigate the factors that influence the provision of smoking cessation interventions will certainly assist to improve practice around this important and relevant issue.

Professional Development Fund: CHNIG executive agreed to a funding opportunity for the purpose of attending the CHNAC June 2009 conference. Opportunity advertised via RAO email and CHNIG website. Offered for 4 students and 4 RNs recipients up to \$500. This funding opportunity was repeated for the 2010 National CHN Conference.

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

Objectives

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

Actions

Participation with research, aimed to develop a *Community Health Nursing Definition and Vision*. The purpose of this project was to work in consultation with the Community Health Nurses Association of Canada (CHNAC) Policy and Political Action Standing Committee and Community Health Nursing Vision 2020 Project Team to conduct a national consultation of nurses working in community. RN's, RNEC's and nurse practitioners were given an opportunity to complete an online survey to provide feedback on a draft vision statement and definition for community health nurses in Canada. The definition and vision was developed by the Community Health Nursing Vision 2020 Project Team and based on the

findings in the Community Health Nursing Vision 2020: Wait or Shape? Study completed and submitted in May 2009. An outside consulting company was contracted to conduct the survey. This study is currently pending publication in the Western Journal of Nursing Research.

Members of the CHNIG executive collaborated with Public Health Nurses, from across the province, to develop a background paper designed to accompany a School health resolution, prepared for the December RAO board meeting and aimed at strengthening school health nursing in Ontario.

The RAO Nursing Education and Research Committees have launched an online survey of *Nursing Research Across Ontario*. CHNIG circulated and participated in the dissemination of this survey.

Circulated to executive and posted on CHNIG website: Health Human Resource Series Number 14 National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community.

CHNIG sent mass e-mail to membership about many timely topics, such as: solicitation of Interest to any consultant who may be interested in conducting an evaluation of the long term impacts of Community Health Nursing (CHN) certification.

Members of the CHNIG executive responded to request from RAO for RN's to interview re article on rural nursing for RN Journal.

CHNIG facilitated interviews for article in Registered nurse journal on H1N1.

Responded to an urgent request re changing qualifications for PHNs and was successful in stopping a possibly detrimental change to the Health Protection and Promotion Act.

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

Objectives

- Market CHNIG to members and potential members; improve marketing strategies
- Identify and respond to the needs of CHNIG members.
- Improve marketing and dissemination of bursaries, professional development and awards for members and students.
- Promote the value of CHNIG membership.
- Engage members.
- Marketing (internal and external).
- Increase membership by 7.3%.

Actions

Members of the CHNIG executive:

- Participated in finalizing the PHN practice pages for the RNAO website.
- Re-negotiated teleconference costs; obtaining an improved rate.
- Developed new branding/logo. This re-branding was completed in time for release at the CHNIG AGM, April, 2010.



Members of the CHNIG executive have also been participating in redesigning our website; release is scheduled for Spring/Summer, 2010.

Members of the CHNIG executive have been participating in: collaborating with RNAO and CHNIG past presidents to create a history document about CHNIG. This was used at the OPHA conference and posted on the CHNIG website.

This past fall, we launched our CHNIG Group page on **Facebook**. You can join at <http://www.facebook.com/group.php?gid=277128105580> or search Community Health Nurses' Initiatives Group to see our events, keep updated with new information, and connect with other CHNIG members and the executive. This group is open to anyone, so feel free to pass it along to students or other CHNs who may be interested in joining! If you have questions, comments, or additions to the page, contact Student Rep Kirsten Bildfell at bildfek@mcmaster.ca.

CHNIG revised their Goals and Objectives.

CHNIG 2009-2011 Goals and Objectives

Objectives	Goals
<ul style="list-style-type: none"> Advocate for the development of appropriate health and social policy in Ministry Task Force, events and governmental and non-governmental organization initiatives. Integrate CHN principles in policy response. Identify and respond to relevant issues that may affect community health nursing, health and social policy. 	<p>To influence health and social policy, taking into consideration the social determinants of health.</p>
<ul style="list-style-type: none"> Participate in conference planning. Explore opportunities to support preceptorship in CHN. Develop HH competencies. Disseminate relevant research to CHNs. Explore the feasibility, value and appropriateness of current RNAO Foundation: HH Orientation. Promote uptake of evidence-informed practice. Provide funding opportunities for education, program evaluation and research initiatives (Nurse Members). Assist CHNs to meet competency and certification requirements and standards. 	<p>To build capacity in Community Health Nurses.</p>
<ul style="list-style-type: none"> Enhance the understanding of the diverse roles in community health nursing among CHNs, non-CHNs, other health professionals, policy-makers, nursing students, and the public. Actively engage in social marketing to improve visibility and public engagement. 	<p>To strengthen the profile of CHNs and articulate the significance of their practice.</p>
<ul style="list-style-type: none"> Market CHNIG to members and potential members; improve marketing strategies. Identify and respond to the needs of CHNIG members. Improve marketing and dissemination of bursaries, professional development and awards for members and students. Promote the value of CHNIG membership. Engage members. 	<p>To promote, engage and maximize membership in CHNIG.</p>
<ul style="list-style-type: none"> Engage nursing students in CHNIG and CHN (undergraduate/student members). Collaborate with key stakeholders. Support student involvement within the CHNIG executive. 	<p>To promote engage and maximize student involvement in community health nursing and CHNIG.</p>

CHNIG became the first "Affiliate Organization of the National Collaborating Center for Methods and Tools (NCCMT). The purpose of CHNIG joining the network as an affiliate organization is to provide a forum for CHNIG to collaborate with the NCCMT on promoting the use of evidence informed public health (EIPH) and knowledge translation (KT) in public health. See our partners for the NCCMT website. <http://www.nccmt.ca/>

CHNIG has also developed a partnership with de Souza Institute; proposing a Member-at-Large: de Souza Institute position within our executive. De Souza Institute is an innovative centre of learning dedicated to improving cancer care by supporting excellence in oncology nursing. Nurses play a vital role in caring for patients throughout the cancer journey; in prevention, screening, diagnosis, treatment, survivorship and palliation. The de Souza Institute is using innovative approaches to reach nurses wherever they practice.


CHNIG posted multiple items on the CHNIG website, bringing attention to topics of interest, such as: National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community; Invitation to contribute to the CASN Canadian consultation to identify the desired level of community health nursing competencies of undergraduate nursing graduates; Opportunities for participation in CHET-Works Fireside Chats, free pan-Canadian discussions on pressing community health issues for professionals from community health and issue-related sectors; RNAO International Affairs and Best

Practice Guidelines Programs Team invitation to attend an exciting webinar/teleconference meeting to identify ways to enhance or strengthen Best Practice Guideline development and dissemination for applicability to pediatric populations & pediatric nurses; A resource called 'A practical guide to the H1N1 vaccine'; Invitation for Ontario Public Health Nurses to participate in research study: Empowering PHNs to Address the Causes of Poverty and information about the OFPN Biennial Conference.

CHNIG collaborated with NCCMT to provide a professional development event for CHNIG members. *Evidence Informed Decision Making Online Workshop*. Participants were invited to join CHN colleagues from across Canada for a dynamic interactive online workshop as a part of their 2010 CHNIG/CHNC membership.

Members of the CHNIG executive have participated in several initiatives to retain current members and recruit new members. For example, CHNIG Created 7 *Reasons to Join CHNIG*. Sent to lapsed members and posted on our website.

[Top Reasons to Join CHNIG](#)



The Community Health Nurses' Initiatives Group acts as the voice of Community Health Nurses in influencing the health care system, and health and social policy in areas which affect the work of Community Health Nurses and the public we serve. Seven top reasons to join include:

- 1) Networking:** CHNIG activities at the community level provide a forum for dialogue and exchange with your colleagues. Meet other nurses in your area of practice at our meetings, join one of our executive workshops (e.g., professional practice, communications), or meet CQMs at our professional development events. Networking with colleagues will allow you to develop relationships for mutual gain, share best practices, and knowledge and provide you with opportunities to grow in your role or desired role.
- 2) Professional development opportunities:** CHNIG participates in several initiatives to support your professional development. This ranges from posting information on our website or sending membership e-mails about professional development and research opportunities related to community health nursing, to co-hosting the national Community Health Nurses of Canada (CHNC) conference.
- 3) Financial support for professional development, education bursaries and scholarships:** CHNIG has education and research bursaries and scholarships for nurses in community health to further their education. Additionally, CHNIG has offered professional development funding to both members and students for the CHNIG conference and attendance at the RNAO AGM.
- 4) Support development of Community Health Nursing (CHN) in Ontario and beyond:** CHNIG has participated in many initiatives to support development of CHN from education development and promotion of the role of CQMs, to development of competencies, orientation programs and role descriptions in our practice pages. CHNIG works to enhance the understanding of the diverse roles in community health nursing among CQMs, non-CQMs, other health professionals, policymakers, nursing students, and the public.
- 5) Receive CHNIG communications:** CHNIG produces a newsletter twice a year, communicates with members on a regular basis by email and posts information on our website to alert CQMs of issues impacting their practice. This includes sharing best practices and evidence as well as announcing opportunities for participation in professional development opportunities, research and committees relevant to CHN.
- 6) Support appropriate health and social policy:** CHNIG advocates for the development of appropriate health and social policy in Ministry Task Force Initiatives and governmental and non-governmental organization initiatives.
- 7) Support the practice of CQMs in Ontario and beyond:** CHNIG has identified and responded to relevant issues that affect community health nurses. For example, CHNIG participated in development of the Orientation to Public Health Nursing Manual and the Community Health Nursing Vision 2020 (Bell and Shape Study). See <http://www.chnig.org>.

Contact RNAO home office at 416-590-1925 or 1-800-265-7160 or go to the RNAO home site <https://www.ontario.ca/rnao/> to renew. Your membership makes a difference!!!!

CHNIG sent several "Updates from CHNIG" to all CHNIG members, via e-mail, bringing attention to topics of interest, such as: CHNIG AGM, call for nominations, awards and research opportunities.

Two CHNIG newsletters were collated and disseminated.

CHNIG posted multiple items on the CHNIG website, bringing attention to topics of interest, such as:

- o de Souza Institute is looking for participants for an exciting needs assessment study
- o The Community Health Nurses of Canada (CHNC) wanted CHN feedback to help define the competencies of home health nurses in Canada. They called for frontline home health/home care nurses, managers, program

- planners, clinical nurse specialists, clinical educators, researchers or nurse educators in a diploma, undergraduate or graduate level programs to participate in the process.
- The new Home Care Nurse Education website, a web-based learning resource specifically for recently-graduated nurses and those nurses new to practice in the home and community care sector. The website, produced with the support of the MOHLTC, New Nurse Guarantee, offers leadership development modules in the areas of communications skills, advanced facilitation skills and systems thinking. It features individual self-administered pre and post skill testing and engages the learner with video demonstrations of the skills in practice.
 - A live webcast from Health-evidence.ca
 - NCCPH award being offered to graduate students involved in knowledge translation in public health.

Additional activities include:

- CHNIG is offering an RN and student member Professional Development Bursary for members to have an opportunity to receive \$500.00 to support attendance at the 4th National Community Health Nursing conference in June. This bursary can assist with costs related to travel, accommodation and meals. Preference will be given to CHNIG members who live greater than 100 km from the conference site.
- Reviewed abstracts for Knowledge, the Power of Nursing Conference.
- Facilitated discussion amongst Health units about BPSO candidate possibilities.
- Facilitated discussions between CHNIG members and educators in the province to fulfill the mandate of the 2009 resolution to ensure the integration and curricular enhancement of community health nursing theory and practice in all undergraduate nursing programs in Ontario.
- Participation in a teleconference with the Nursing consultant at Ministry of Health and Long Term Care and nursing leaders from across the conference related to Professional Practice issues with Public Health nurses and the need for a meeting to discuss common issues, share resources and explore solutions to complex issues.
- Disseminated information to members about CNA's survey for nurses about H1N1. CNA was input from nurses on Canada's response to the H1N1 pandemic.
- Participated in a joint planning meeting with OPHA, aPHa and OAHPP to plan their 2011 conference: 2011 Ontario Public Health conference
- Facilitated discussion and sharing of materials related to Community Health Nurses exposed to second hand smoke in client homes.
- A note was placed in the president's message in our newsletter to say that without an email address members may be missing important information from CHNIG. Email updates include current information for members.

- After realizing a large Community Health Nursing organization was removing the subject line from member emails, CHNIG began investigation by contacting both RNAO and the organization in question.
- Presented on CHNIG at IG meeting at February assembly meeting.
- Recognizing the lack of promotion of the new PHN competencies in the fall due to H1N1, CHNIG created and had published an article in the OPHA e-bulletin about the new PHN competencies.
- Sent out a mass e-mail to CHNIG membership on behalf of the Public Health Agency of Canada requesting participation in an on-line consultation on HIV Testing and Counselling. The Public Health Agency of Canada (PHAC), in collaboration with the provinces and territories, is updating the Counselling Guidelines for HIV Testing, and developing a policy framework to support HIV testing and counselling in Canada. This e-mail request was repeated with a second in a series of consultations on HIV.
- CHNIG sent out a mass e-mail to CHNIG membership, distributing a survey, on behalf of Community Health Nurses of Canada. Health Nexus is working with Public Health Agency (PHAC)'s Best Practices Portal to identify organizations that work closely with front-line practitioners in public and community health -- specifically in the areas of health promotion and chronic disease prevention. Attempts are being made to map some of these 'connector' organizations who can 'push out' information about evidence-informed practice. These organizations, being termed "public health intermediaries", are viewed as important agents in building a primary audience for the Portal as a hub for evidence-informed policy and practice.

Face-to-face CHNIG executive meetings were held in June, October and February 2009. CHNIG invited guests to our face to face meetings including Wendy Fucile, Joanne Crawford and Leslie Hirst. Professional Practice Committee meetings and an orientation was held via teleconference, in June 2009.

CHNIG has contacted and partnered with Karen Ellis-Scharfenberg, Associate Director of the RNAO Centre for Professional Nursing Excellence, in relation to updating/revising the *Home Health Care Orientation Program*. Work is scheduled to begin on this in the fall of 2009.

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

Objectives

- Engage nursing students in CHNIG and community health nursing (undergraduate/student members).
- Collaborate with key stakeholders.
- Support student involvement within the CHNIG executive.

Actions

- Members of the CHNIG executive have: Invited the president of NSO, Nathan Kelly, to our last executive meeting to discuss potential collaborations and strategies for attracting students and new graduates.
- CHNIG provided \$500 to sponsor 50 students for RNAO membership
- Resolution researched and developed by CHNIG members, advocating for RNAO to support more emphasis on CHN in undergraduate education.
- CHNIG provided \$500 to sponsor 50 students for RNAO Student membership.
- CHNIG and Region 6 teamed up to provide a Lunch 'n' Learn event at York University on Friday, October 30th, 2009. The focus of the event was Community Health Nursing and featured three speakers engaging students who illustrated great interest in this growing area of need. Free pizza and drinks were available and the event was a huge success where 50 new students signed up for membership with RNAO and CHNIG!! Anyone who attended left with a greater understanding of the opportunities within Community Nursing and those who joined CHNIG walked away with a free t-shirt bearing the CHNIG logo and a CHNIG membership pin!
- CHNIG student representatives have outlined improvements to "Students" page of CHNIG website to provide resources and information to students in an interactive format.
- Students participated in National conference committee and communications committee
- Student executive members held a lunch and learn about the New Graduate Guarantee program where CHNIG T-shirts were used for promotion of CHNIG.
- Posted information for RN or student member Professional Development Bursary for \$500.00 to support attendance at the 4th National Community Health Nursing conference in June. This bursary can assist with costs related to travel, accommodation and meals. Preference will be given to CHNIG members who live greater than 100 km from the conference site.

Opportunities and Challenges:

CHNIG membership numbers, despite focused work, has not reached our target. This may be related to economic implications.

Respectfully submitted by,



Kim Dalla Bona

P.E.I.

Report to Annual General Meeting 2010

Representative: Arlene Rose

Number of CHNC Members: 14

CHNC Activities and Events:

- Created an email group for dissemination of information to PEI contacts
- Participated in Webinar in February/March available to Atlantic CHNC members re methods and tools
- Participated with fellow CHNC Board members re interest in forming an Atlantic Coalition of CHNC
- Participating in planning for the 2011 CHNC Conference to be held in Halifax in May 2011
- Participated in the Education and Professional Development standing committee meetings
- Disseminated CHNC toolkits and the Public Health Nursing Discipline Specific Competencies
- Used the Public Health Nursing Discipline Specific Competencies in the review of position job description for Public Health Nurses in P.E.I. as well as in the development of interview questions.

Opportunities:

- Participating in ongoing education/Webinar opportunities

Challenges:

- Balancing workload and personal responsibilities to devote time to promote CHNC activities.

Respectfully submitted by,

Arlene Rose

Saskatchewan Report to Annual General Meeting 2010

Representative: Shirley Blyth

Number of CHNC Members:

- 41 members – 25 renewed, 10 new and 6 unknown.
- With the migration of information to the new web server I have noticed some discrepancies in the membership list. I hope that members will contact me if they have not received information via the group distribution list.

CHNC Activities and Events:

The CHNC updates that I had scheduled for the fall were cancelled due to H1N1 activities. These updates included the introduction of the discipline specific Public Health Nursing Competencies Version 1.0 2007 to the Public Health Nurse Managers at their fall meeting. I was also tentatively scheduled to share the Community Health Nurse Standards of Practice with the Home Care Managers. I provide updates and communicate with the CHNC membership primarily by email, forwarding information and requests for participation in special committees and activities.

Early in 2010, I received printed materials from CHNC (CHN Standards, Public Health Nursing Competencies Version 1.0, PHAC Core Competencies, Toolkits and posters). These materials were available due to support from the Public Health Agency of Canada. I obtained mailing lists for home health and public health nursing contacts and prepared the mail out of materials. Materials were mailed to 33 nurse managers/educators.

- 16 public health nurse managers in 13 health regions and First Nations Inuit Health Programs
- 2 nursing education programs (Saskatoon and Regina)
- 15 home care nurse managers in 13 health regions and First Nations Inuit Health Programs

CHNC board members from Alberta, BC, Saskatchewan, Northwest Territories and Yukon Territory promoted the 2010 Evidence Informed Online Workshop (Jan 19 & Feb 9th) to CHNC members via email. I sent an initial invite and a reminder closer to the date and received 7 registrations from Saskatchewan CHNC members. This was about 15% of our membership at that time.

I prepared and submitted short article to the SRNA News Bulletin about CHNC activities and online learning for consideration for publication in the summer issue.

I continue to promote CHN Standards and Public Health Nursing Discipline specific competencies on a one-to-one basis with nurses.

When I received the updated CHNC members list, I sent reminders to 17 CHNC members that have lapsed membership since 2009. I received responses from three members thanking me for the reminder and indicating they would be renewing.

There is increasing interest among a few members to become more involved in CHNC. I have encouraged members to complete their profiles on the CHNC website indicating their area of interest and activities they would like to become involved with.

Opportunities:

There are opportunities to connect with community health nurses and students as time and travel are supported. Some of the opportunities include:

- SRNA Annual Meeting – opportunity to promote CHNC.
- Public Health Nurse Manager meetings
- Home Care Manager meetings and in-services
- Baccalaureate nursing education programs.

Challenges:

There is a lack of time and opportunity to promote CHNC and our products/resources. My current position does not have a natural connection to the Public Health Nurse Managers for Saskatchewan.

There is a vacancy in the Public Health Nursing Consultant position for Saskatchewan. This limits opportunities to plan/promote and connect with public health managers in the health regions regarding CHNC. This group is the key contact to disseminate the information and promote standards and competencies.

I live in rural Saskatchewan and the travel time and distance to travel to promote CHNC is a barrier for me to connect with members in larger areas where there are greater numbers.

My term as board member for Saskatchewan concludes in June. Thank you for the opportunity to connect with such a knowledgeable and dedicated group of nurses. Best wishes with you continued interest and work with CHNC.

Respectfully submitted by,

Shirley Blyth

**Quebec
Report to Annual General Meeting 2010**

Representative: Cheryl Armistead

Number of CHNC Members: 22

CHNC Activities and Events:

Recent updated membership information received in April 2010 reveals a startling 22 Quebec members; up from the usual 5 or 6 as reported annually. This is incredible growth in a short period of time. Several new members live near Ottawa-Hull-Gatineau, which suggests diffusion of information from Ontario. All new members were added to the CHNC Quebec email distribution list and began to receive CHNC information in May. A bilingual 'welcome' message was sent to all Quebec members, in addition to an invitation for nominations for the Quebec representative position on the CHNC Board of Directors.

Launch of the Collaborative Statement *Promoting Optimal Monitoring of Child Growth in Canada: Using the New WHO Growth Charts* was accomplished. Key documents, including the full Collaborative Statement, executive summary and multiple tools for professional practice were uploaded on the CHNC website. CHNC members were invited to participate in an informative webcast (conducted in French and English). The final version of the Canadian child growth charts are now available to be uploaded on the CHNC website.

I attended the *JASP* 2009 conference (held in March 2010 due to H1N1) with the specific purpose of facilitating dissemination of the Public Health Nursing Discipline Specific Competencies Version 1.0 in Quebec and representing CHNC as an organization. The event provided an opportunity to display and disseminate CHNC documents and to initiate CHNC linkage to local public health stakeholders. A detailed report, including recommendations, was submitted to the CHNC Executive.

I attended the *Knowledge Commons Initiative National Summit* in Montreal June 3rd. The Knowledge Commons initiative seeks to promote community-based and community engaged knowledge and action.

I was invited to join a group of community development experts (NPI) with a stake in English-language healthcare or education to consult with the English Montreal School Board; the main goal is to maximise services available to students in schools, as part of an approach to enhance community vitality.

Opportunities:

The bilingual website is an enormous accomplishment in terms of facilitating expansion of CHNC as an organization within Quebec. The upcoming release of

the Home Health discipline specific competencies will provide an excellent platform for introduction of CHNC to local community health nursing stakeholders within and across the CSSS health sectors. A genuine opportunity for development of a formal Quebec CHNC chapter has been created due to increased bilingualism within CHNC resources and increased Quebec membership. The next Quebec Board of Directors representative will be positioned to increase visibility of CHNC without undue risk of contravening Quebec language legislation.

The emerging Knowledge Commons initiative may provide an innovative forum for CHNC to engage in research and knowledge co-creation and dissemination with national, provincial and/or local interprofessional, intersectoral and community partners: <http://knowledgecommons.ning.com/>

Challenges:

Relationship building will take time; bilingual resources will not create an automatic openness to CHNC within Quebec. The political environment remains challenging. The Quebec CHNC members are geographically scattered; most members likely represent clusters contextually connected to English-speaking professional environments. Therefore the increased membership cannot yet be interpreted as proportionately representing the desired expansion into the French-speaking majority population. While individuals report personal interest in CHNC and value for CHNC resources, they remain reluctant to formally or explicitly promote CHNC as an organization within Quebec practice environments.

Respectfully Submitted by,

Cheryl Armistead

**Yukon
Report to Annual General Meeting 2010**

Representative: Heather Johnson

Number of CHNC Members: 10 (up from 3 in 2008, and 7 in 2009)

CHNC Activities and Events:

- Promoted the online Evidence Informed Decision Making educational sessions presented by Donna Ciliska, RN/PhD from the National Collaborating Centres for Methods and Tools and had 3 Yukon members sign up to participate in the sessions

- Gave a presentation on CHNC and highlights from the Conference

Opportunities:

- Personally distributed CHNC Standards of Practice, the Standards Toolkit and Core Competencies for Public Health in Canada to the Yukon Home Care Program, the Whitehorse Health Centre, Yukon Communicable Disease Control, Kwanlin Dun Health Centre, Yukon Community Nursing, and the Yukon Registered Nurses Association, and identified myself as the Yukon representative on the CHNC board
- Participated in an advisory group for the Home Health Nursing Competencies and informed colleagues about providing feedback via a survey on purposed home health competencies developed through CHNC
- promoted the CHNC via e-mail, nursing meetings and word of mouth

Challenges:

- getting Yukon nurses involved with CHNC activities, requests and committees
- motivating community health nurses to write the certification exam
- generating interest in adopting the CHN Standards of Practice

Respectfully submitted by,

Heather Johnson