



Stand Up and Be Counted: CHN Workforce Profiling

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Session Objectives

CHNs will

- Understand the need for consistent definitions of community health services and consistent terminology for job titles
- Recognize the need for consistent reporting by nurses working in communities and consistent data collection across jurisdictions
- Consider what job titles ought to be used by community and Public Health Nurses.

Decision Makers

- Dr. David Mowat (Peel Public Health),
 - David Butler-Jones (Public Health Agency of Canada),
 - Sandra McDonald Rencz (Office of Nursing Policy, Health Canada),
 - Barbara Oke (First Nations and Inuit Health Branch),
 - Paula Bond (British Columbia Ministry of Health),
 - Dr. Susan Matthews (Victorian Order of Nurses),
 - Dr. Ron Wall (Public Health Agency of Canada),
 - Carla Troy (Public Health Agency of Canada),
- Julie Gauthier (Quebec Direction générale de la santé publique),
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- Jennifer Blythe (McMaster University),
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Funders

- Canadian Health Services Research Foundation
- Health Canada
 - Public Health Agency for Canada
 - Health Human Resources Strategy Division
 - Office of Nursing Policy
 - Health Canada First Nations & Inuit Health Branch
- British Columbia Ministry of Health
 - Nursing Directorate
 - Communicable Diseases & Addictions Prevention Branch
- McMaster Nursing Health Services Research Unit
- Vancouver Coastal Health Authority



Public Health
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Forecasting for Public Health

“How can we be prepared for the future? It is hard to predict because we do not know what the future is going to bring us”

(Ontario Minister of Health George Smitherman (Toronto Star March 5, 2008)

“PHNs are important for assuring that public health programming is nimble”

(D. McKeown, Toronto Public Health Medical Officer of Health, personal communication, November, 2007)

Why Count?

- University of California Berkeley Report released on February 27, 2008 reporting a looming crisis in public health if more money isn't directed to it
- Likely the same crisis in Canada
- Our studies are consistent with US study in recognizing numerous challenges to enumeration of existing workforce
- No systematic effort to assess Public Health HR needs or capacity, until recently

Why Count?

- Shift from hospital to care in community
- Emphasis on public health renewal including emergencies and outbreaks
- Adequate skilled staff required to respond to Public Health, Home Care, and other community health needs
- Community Health Nurses represent a large proportion of the human resources working in the community and public health

Who needs the information?

- Policy makers and decision makers
 - to understand the nature of nursing workforces
 - to plan the delivery of community health services

What information do they need?

- How many CHNs are there?
- Geographic distribution
- Sector Distribution
- Demographic characteristics



2 Data Sources for this Study

- Pan Canadian survey of Community Health Nurses
- Annual nursing registration data collected by provincial and territorial regulatory bodies and collated by the Canadian Institute for Health Information (CIHI)

National Survey of CHNs (NHSRU CHN Questionnaire[©])

- Demographic data collected included position and place of work/sector
- All self-identified CHNs who had agreed to participate in research on their annual registration forms were eligible to participate.
- Simple random sampling for each province/territory
- Frequency distributions and cross tabulations of 'position' and 'place of work' categories were calculated individually for each province for PHNs

Pan Canadian Survey of CHNs Across Canada (n~ 6,700)

- Considerable discrepancy by nurses in reporting
- Not possible to differentiate 'community health centre' and 'public health unit' as discrete workplaces
 - Terms are used inconsistently in many parts of Canada
 - e.g. Alberta, British Columbia, Manitoba, Saskatchewan, Yukon, and Newfoundland a self identified Public Health Nurse is as likely to say that she works in a Community Health Centre as a Public Health Unit.
 - e.g. even in Ontario, Nova Scotia and New Brunswick most but not all PHNs said they worked in Public Health Units.

Canadian Institute for Health Information (CIHI)

- CIHI took responsibility for collecting and disseminating RN data from Statistics Canada, since 1996 (data available from 1980 stats year)
- LPN data available from 2002
- Nurse Practitioners data from 2001
- Variability in sub-sector definitions: over time & across provinces

What Did We Count (CIHI data)?

(Public Health in Community Health Centre?)

A. All nurses CIHI Community “place of work” sub-sectors:

- Community Health Centre
- Home Care Agency
- Nursing Station (outpost or clinic) PLUS

B. All nurses in “other place of work” sub-sectors:

- Physician’s Office/Family Practice Unit
- Business/Industry/Occupational Health PLUS

C. All nurses in community, hospital, or long term care in “place of work” categories:

- Private Nursing Agencies
- Educational Institutions
- Association/Governments
- Self-employed
- Other

IF their “area of responsibility” is in:

- Community health, home care, ambulatory care, or occupational Health

Research Findings

1996- 2006

- How many
- Place of work
- Age
- Job status
- Education
- Sex

How Many Community Health Nurses (CHNs)?

- 50,557 (15.7%) CHNs (RNs, including NPs, and LPNs) / 320,248 nurses in Canada in 2006
- CHN RNs rose steadily from 34,696 in 1996 to 44,159 in 2006 (27.3%)
- Since 1997, ratio of CHN RNs to all nurses in Canada increased only slightly

CHN Place of Work

According to the CIHI reports

- Most RNs work in Community Health Centres (CHCs) or Home Care Agencies
- Most LPNs work in Home Care Agencies, followed by Physicians' Offices

CHNs Are Aging

Parallels all nurses workforce but faster

- in 2006
 - ~26% > 55 years CHN RNs
 - 21% > 55 years all RNs
 - 15% > 55 years all Canadian Workers)
- < 30 years of age (1996 vs 2006)
 - CHNs decreased (8.9% ->5.25%)
 - all RNs ~ same: (10.4% ->10.2%)

Job Status

- Before 2005 CHN RNs slightly more FT jobs
 - trend reversed in 2006,
 - 54% FT CHNs;
 - 56% FT Hosp/LTC/other
- Ratio of full-time to part-time position*
 - lower in the home care sector
 - higher in Public Health
 - lower for LPNs

*Source Pan Canadian Study

Education: Bachelors, Masters or Doctorate

	2006	1996
all RNs	17%	33%
CHNs	35% (x2)	49% (x1.5)

Sex

- Ratio of males in CHN is lower than in other health sectors

Male RNs	1996	2006
▪ CHNs	2 %	3.5%
▪ all other health care sectors	4%	6.0 %

Conclusions and Recommendations

- Clarify definitions
 - amongst nurses,
amongst employers
- Consider alternate databases to get a clearer picture



Clarify definitions - employers, provinces regulators

- Accurately identify Community and Public Health Nurses in their respective service sectors (employers)
- Align data collection and definitions of workplace & job titles (regulatory bodies and provincial authorities)
- Clarify the extent to which nurses specialize in community and public health activities, across jurisdictions (employers, regulators)

***Better data will improve decisions about how to deploy
community and public health nurses***

Clarify definitions – amongst CHNs

- be clear and consistent when completing forms and identifying themselves
- Clarify the extent to which nurses specialize in community and public health activities, across jurisdictions

Better data will improve decisions about how community and public health nurses are supported

Definitions

Strive for program consistency within provinces and across provinces and territories

- Make the program goals and activities explicit and transparent
- Definitions for CHNs could be based on what they know

Databases

- Identify sources other than regulatory bodies to enumerate staff within each of the community health sectors including public health
 - Employer databases?
 - Provincial databases?
- Different databases yield different information and one database will not meet all needs



Contact

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