

Acknowledgements



- Community Health Nurses of Canada (CHNC)
- CHNC Project Team
- Dr. Ardene Robinson Vollman
- PHN Experts
- Innovative Solutions Health Plus

Funding for this project was provided by the Public Health Agency of Canada.

CHNC Project Team	Extension Anticipation of the second
Anne Clarotto	
Katie Dilworth	
Maryann Kusmirski	
Ruth Schofield	
Lee Zinkan-McKee	

Public Health Nurse Experts one new

Expert Group

Diane Boswell (PEI) Joyce Fox (Ontario) Mae Gorrill Margie Kvern (Manitoba) Tina Leon (Sask) Darlene MacDonald (NB) Carol MacDougall (ON) Ann Manning (NFLD) Patrick McGowen (BC) Karen Milley (NFLD) Arlene Rose (PEI) Kimberly Riles Nancy Waters (ON)

Chronic Diseases: A Population Health Issue

- Major chronic diseases are cardiovascular diseases, diabetes, cancer, and chronic respiratory disease
- 75% of all deaths
- 40% of chronic diseases are preventable
- 42% of direct medical costs are attributable to chronic diseases
- 25% of direct medical costs are attributable risk factors
- 65% of indirect costs associated chronic
- diseases related to loss of productivity

Project Purpose

CINC BCC

 identify best and promising comprehensive and integrated public health nursing practices directed at chronic disease prevention.

Common Definitions

CHC BCC

ONC

ONC

BCC

RCC

- **Primary prevention** refers to actions that prevent disease from occurring and reduce its incidence.
- Secondary prevention involves early detection of disease that can minimize or interrupt its progression and thereby prevent irreversible damage.
- Tertiary prevention refers to the control of a disease that has already developed, slowing its progress and reducing the resultant disability.

Common Definitions cont.

- Comprehensive Approaches
- Address the leading causes of death and disability
- Address the major risk factors
- Recognize health disparities and their predisposing factors
- Reach the general and high-risk populations
- Use a settings approach to reach people where they can be found

Common Definitions cont.

Integrated Approaches

- Are more about process than scope
- Provide opportunities for programs to work together, promote collective thinking and problem solving, and support working together in new ways so that the impact of all programs is improved

Methods

CINC BOC

- Review of research and grey literature and hand search
- Inclusion-exclusion criteria
 - Interventions by PHNs, other disciplines and sectors
 - Location of intervention (Canada preferred)
 - Intervention addressed a determinant of health
 - Alignment with one Ottawa Charter approach
 - Health conditions & risk factors addressed
 - Evaluation of project
- 4 focused dialogues with PHN experts N= 15 from 8 provinces/territories

Key Findings

Literature review



Public health nurses use:

- mostly "traditional individual health education activities" (Richard et al., 2010) and secondary prevention focused more on risk factors than by disease entity
- foundational public health practice roles

Key Findings cont.

CINC BCC

- Public health nurses use:
 - population focused, inter-disciplinary program planning, intervention and evaluation recognizing leadership, coordination, partnerships, cultural sensitivity, and theory application
 - various Ottawa Charter approaches

Key Findings cont.

BCC

Interventions are:

- multifaceted
- targeted to a condition and risk factor or generally
- in multiple settings
- · integrating built environment approaches

There was a paucity of research and documentation of PHN health promotion and disease prevention interventions.

Key Findings cont.

Focused Dialogue with PHN leaders identified:

- Variety of funding structures (public health and program streams)
- Extreme national intervention variations (individual to policy)
- Need to move to more population health approaches
 Often integrated partnerships with other disciplines
- leading to invisible practice
- Inadequate reporting of nursing practice
- Use of other terminology
- Synergistic dynamic resulted in an unintended integrated approach

Key Findings cont.

Focused Dialogue with PHN leaders identified:

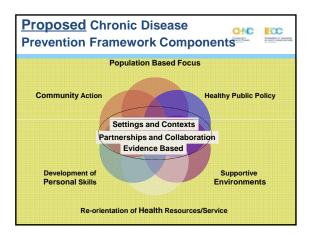
- PHNs are very well suited for the CD prevention given nursing and public health knowledge and relational collaborative capacity
- Many challenges related to PHN and PH like inadequate resources, limited capacity, reduced funding, system issues, poor role definition, limited professional development, inadequate program evaluation
- Several CD prevention interventions but didn't meet the inclusion criteria for comprehensive and integrated



• Breastfeeding Support/The Baby Friendly Initiative (BFI)

ONC BCC

 Comprehensive School Health Initiatives







Recommendations

C-NC BCC branking

- CHNC needs to partner with PHAC to develop a <u>National Framework for Chronic Disease</u> <u>Prevention</u> for public health nurses.
- 2. Public health nurses should:
 - Adjust their language to better reflect the chronic disease prevention work they are doing
 - Publish the results of their work
 - Advocate for; and continue to participate in chronic disease prevention activities
 - Use the Canadian Community Health Nursing Standards of Practice and PH discipline specific competencies