Effecting Systems Change to Support Public Health Practice

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Background

Systems shift:

- From hospital to community
- To health promotion, disease prevention model

• Limited research:

- Existing CHN workforce capacity
- How to optimally utilize CHN/PHN workforce

Build Public Health capacity:

- Need to strengthen infrastructure & capacity is widely recognized
- PHNs are largest group in public health workforce
- Expectation to focus on promoting, protecting, & preserving the health of populations
- Tension in PHN practice between populationfocused/individual approaches

Canadian Community Health Nursing Study: Towards a Sustainable Workforce (2006-2009)

• Project 1:

What is the supply of Community Health Nurses (CHNs) in Canada?

- Analysis of CHN demographic attributes using: 1) 2007 CIHI Secondary database
- 2) demographic profile of ~6700 questionnaire respondents

• Project 2:

How do the enablers & barriers for CHNs to practice their competencies compare across sub-sectors, age, cohorts, educational levels, & employment?

• NSHRU CHN Questionnaire (Baumann et al., 2006) distributed to 13,775 RNs & LPNs working in all community sub sectors

• Project 3:

What organizational attributes best support optimal public health nursing (PHN) practice?

Focus groups using: Appreciative Inquiry in 6 geographic regions across Canada

Researchers

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Decision Makers

- Dr. David Mowat (Peel Public Health)
- Dr. 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)
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- Julie Gauthier (Quebec Direction générale de la santé publique)
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- Dr. Lynnette Leeseberg Stamler (CASN)
- Rosemarie Goodyear (Central Health Region NL & Labrador)
- Dr. John Blatherwick (retired, Vancouver Coastal Health)
- Dr. Cory Neudorf (Saskatoon Health Region)
- Paul Fisher (Canadian Council for Practical Nurse Regulators)













Project 3: Organizational Attributes That Best Support Optimal PHN Practice

Methods

- Focus groups (n=23) were conducted across Canada (BC, Prairies, North, Ontario, Quebec, Atlantic Canada)
- **Participants** included front-line PHNs and policy makers/managers (n~156)
- Appreciative Inquiry (what works best) & Nominal Group Process were employed

Analysis

- Preliminary thematic analysis: completed by participants in the focus groups, using nominal group process
- **Second stage analysis**: Researchers and decision makers engaged in:
 - collation of data
 - further analysis to refine thematic analysis
 - development of recommendations

Findings: Organizational Attributes that Best Support PHN Practice



Government / System Attributes

- Flexible and adequate funding structures
- "Champions" for public health
- Public health planning and coordination

Local Organizational Culture: Values & Leadership Characteristics

- Clear mission, vision & goals that are shared among staff
- Culture of creativity and responsiveness
- Effective leadership that values diverse PHN roles

Front-line Management Practices

- Effective program planning
- Promote and value public health nursing practice
- Support autonomous practice
- Committed to learning and professional development
- Effective human resource planning & adequate staffing
- Support public health partnerships & community development
- Foster effective communication
- Support healthy workplace policies

Conclusions

- Public health organizations are complex, adaptive systems
- Need for strong leadership throughout the public health system
- Need sound human resource planning
- Collaboration is core public health approach & requires structural supports
- Need to foster a culture of innovation risk taking, & ongoing learning
- PHNs need to be a partner in promoting optimal practice

Policy Recommendations

- The PHAC, provincial ministries of health, local health authorities & universities provide **targeted funding for leadership & management development** at all levels of the public health system.
- Local public health management further develops outcome-driven evidenceinformed service delivery models that facilitate PHN creativity and responsiveness to community needs.
- Public health decision makers and managers continue to assure that programs have funding flexibility & PHNs have practice autonomy to support effective community development & partnerships that ultimately optimize health outcomes.
- **Public health managers** have an in depth understanding of the PHN role & support PHNs to maximize public health competencies.

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Funders

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