COMMUNITY HEALTH NURSES OF CANADA

INFIRMIÈRES ET INFIRMIERS EN SANTÉ COMMUNAUTAIRE DU CANADA

GREAT BIG NEWS

FALL 2025

CHNC MEMBER EXCLUSIVE NEWSLETTER

#CHNsHereTogether
#nursingstrong #community

INSIDE THIS ISSUE:

CHNC2026

Growing Together in Action

CHNC'S National Conference details on Page 3!

HAVE FEEDBACK OR IDEAS FOR GBN?
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A message from our President

Hello,

Fall is such a beautiful time of the year.
As I am writing this message the trees are showing off their colors in my neighborhood and the sun is shining. It is also a busy time for CHN personally and professionally. I hope you take some time to review the news and events we are sharing in this Fall 2025 edition of GBN. The CHNC Board and National Conference Planning Committee are preparing for the National Conference in 2026, **CHNC 2026: Growing Together in Action May 20 – 22, 2026 in Vancouver on the University of British Columbia campus**. The committees are building on the success and lessons learned from the successful CHNC 2024 Conference. We look forward to a great event of sharing and networking. See more in this newsletter.
We welcome new members who may have joined CHNC and new Board members. Building community and sharig ide
healthy communities in our work is one of the goals of CHNC. The Board, Standing Committee's and Executive continue to be involved in projects to support the sustainability of our organization.
Together we can build on our strengths and skills to create an organization that allows the many voices and talents of Canadian CHNs to work towards a more equitable, and nurse led health care system.
Enjoy the Newsletter.

Karen Curry
CHNC President

CHNC is excited to announce CHNC2026 , our National Community Health Nursing Conference

May 20–22, 2026
University of British Columbia, Vancouver

Submit your abstract at **CHNC2026.ca**

CHNC is delighted to Introduce its Newest Board Members

ISCC Infirmières et infirmiers en santé communautaire du Canada

CHNC Community Health Nurses of Canada

Executive

President Elect - Daniel Nagel

Treasurer - Jennifer Little

Provincial and Territory Directors

Nova Scotia - Katrina Owen

PEI - Dawn Mallard

Ontario - Renee Boi-Doku

British Columbia - Lauren Evanson

CHNC Board of Directors 2025/2026

Executive Committee

Executive Director: Anthony Lombardo

President: Karen Curry

President Elect: Daniel Nagel

Secretary: May Tow

Treasurer: Jennifer Little

Membership Services: Melissa Edwards

Provincial and Territorial Directors

Yukon: Loryn Sand

North West Territories: Vacant

Nunavut: Robyn Clarke

British Columbia: Lauren Evanson

Alberta: Cailtlin Bloom

Saskatchewan: Lori Boan

Manitoba: Pamela Sheveck

Ontario: Renee Boi-Doku

Quebec: AnnaTazian

New Brunswick: MaryLou Batty

Nova Scotia: Katrina Owen

Prince Edward Island: Dawn Mallard

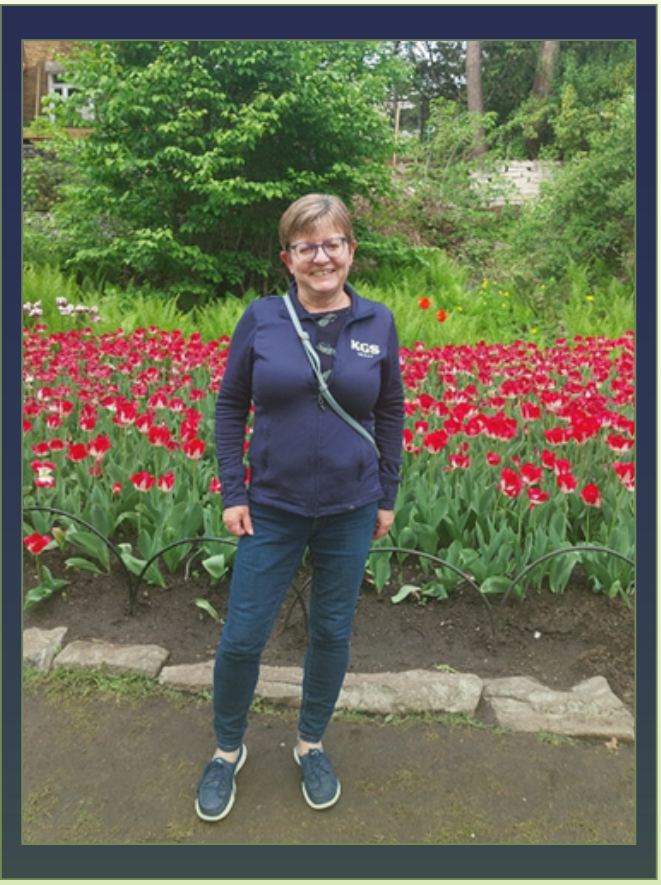
Newfoundland and Labrador: Jillian Farewill

Community Health Nurses: Leaders for a Healthy Canada

CHNC

Nurse of Note

Morag Granger



I did not always want to be a nurse. I decided once I was in university to apply for nursing and was accepted in August 1981. I graduated with a Bachelor of Science in Nursing from the University of Saskatchewan in 1985. Part of the curriculum of the BSN at the U of S was to do a 3-week practicum in public health at the end of our third year. In our fourth year we could choose a term clinical placement in either acute care or in public health and I chose public health.

I began my career in the small rural Saskatchewan town of Gravelbourg, SK, which had a population of approximately 1200 people. There were 2 Public Health Nurses there and my colleague lived and worked in in Gravelbourg for many years. We covered a large area outside Gravelbourg and the farthest town I travelled to, was a 1 hour drive.

As a rural public health nurse in 1985, we did not have cell phones, or computers and my nearest supervisor was 45 minutes to 1 hour drive away. We did everything from prenatal classes, postnatal home visits, child health clinics which included developmental and nutrition screening and immunization, school immunizations, sexual health education in the schools, community development, communicable disease follow-up and in the small office we also did secretarial duties. This experience provided me with a solid grounding in all aspects of public health nursing.

In 1987, I got married and moved to Regina, where I continue to live. I began work with Regina Rural Health Region in 1987 and covered a rural area outside Regina. I loved working with the rural population as you really were able to get to know the community and the people and understand their needs. I stayed as a frontline PHN until 2002 when I accepted the Rural Public Health Nursing Supervisor Position. By this time Health Districts were established in SK and Regina Rural Health Regionbecame part of the Regina Health District, then the number of health districts were reduced, and we became part of Regina Qu'Appelle Health Region and finally in 2015, the Saskatchewan Health Authority was formed.

In 2005, I accepted the position of Manager of Public Health Nursing for Regina Qu'Appelle Health Region. I had approximately 80 staff including PHN's, Speech Language Pathologists, Parent Mentoring Program Coordinator, community developers, health promotion staff, nutritionists, dental health educators and clerical staff. This position allowed me to work with many aspects of public health and have a truly inter professional team.

How did you become involved with CHNC?

I became involved with CHNC as a member in 2005 as I wanted to learn more about community health nursing and what was happening across the country. The first time the CNA Community Health Certification exam was available to write was in 2006. As a manager, I felt it was extremely important for myself and my supervisors to have certification and to set an example for our team. I wrote the CNA Community Health Nursing certification exam in 2006 and was successful.

In 2009, I joined a community health nursing delegation to China led by Ruth Schofield. This began my time on the Board of CHNC. Because of my interest in all things public health and because of a conversation with the then SK rep to the CHNC Board of Directors, I became the SK rep in 2010.As the SK rep I chaired the Governance Standing Committee and participated in annual conferences as well as conference standing committees.

In 2014, I put my name forward for President Elect/President position.There was another person interested so there was an election, and I was the successful candidate. I was president from 2015 to 2017 and then past president for 1 year. This was a fantastic opportunity that took me out of my comfort zone. I learned so much about board work, and how to move the association forward. It provided me with an opportunity to travel to Washington DC to attend a Pan American consultation on community health nursing, to work with CNA on the review and revision of the certification exam, and to represent Community Health Nursing in Canada. During this time, I also chaired the Conference Planning Committee and brought the conference for the first time to Regina.

How did you know Public Health is where you wanted to be?

My 3-week practicum at U of S, along with the classes in community/public health piqued my interest in prevention and health protection. The 4-month term clinical in my fourth year really made the decision for me. For me, working with individuals, families and communities to meet their needs improves the health of the population and decreases the reliance on the acute care system, therefore the population will be healthier at a decreased cost. Early childhood holds a special interest for me. If we can get it right during the formative years, then hopefully this will translate into a healthier adult population and population overall.

Public health nursing was my passion and I have noticed over my career that it has become more difficult to advance the work of PHNs. There continues to be an emphasis on acute care and less focus on prevention. There is so much opportunity in this area but it is becoming more difficult as funding does not keep up with the needs.

I have been blessed to spend my whole career in public health nursing, and I know I made a difference when I see people 25 years later from the community that I worked in, and they remember me and the work I did. That is true job satisfaction.

I retired in June 2025 after a very rewarding career in public health nursing. I remain a member of CHNC and continue on the Finance Standing Committee, the Leadership Committee and the Conference Program Committee. Being a part of CHNC provides a community of like minded professionals who are advocating for community health nursing and the health of all who live in Canada.

Words of Wisdom from Morag

For new nurses just beginning their career in Community Health Nursing, get to know your communities, develop strong relationships and listen to the community's needs and concerns.

Join associations like CHNC which provide leadership and resources in this area and learn from others across the country and the world.

As a member of CHNC you can participate in committees that make a difference to community health nursing. There is so much opportunity to make a difference to families and communities through the work that public health nursing does, and ultimately the population.

Do you know a CHNC member who should be our next Nurse of Note?
Let us know! communications@chnc.ca

Cheryl Forchuk is the Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery; a Distinguished University Professor at Arthur Labatt Family School of Nursing (Western University); and Scientist and Assistant Director at Lawson Health Research Institute. Professor Forchuk's research interests lie in the area of mental health, in particular the development and testing of supportive models of care. Her research explores therapeutic relationships, and explores systems issues related to mental health care including implementation of the transitional discharge model, housing/homelessness issues, poverty, community integration and the use of technology in mental health.

Canadian Home Health Nursing Competencies

Version 2.0

The HHN Competencies were released in November 2024 to meet current and emerging needs of Canadian Community Health Nurses working in the unique environment of home and community care. These competencies were aligned with the CHN Standard of Practice (CHNC, 2019) and also include Cross-Cutting Competencies.

Cross-cutting competencies include statements which reflect knowledge, skills, attitudes, values, and judgements of nurses that are fundamental to the delivery of home health nursing care and should be applied across all Standards of Practice.

The home health nurse...

1. Applies critical thinking skills and creative problem-solving analysis when making clinical decisions.

2. Provides age-appropriate and developmentally appropriate care, which includes cultural safety and cultural humility approaches in all interventions.

3. Understands and acknowledges the principles of trauma-informed care and promotes the integration of these principles into professional practice.

4. Leverages multi-disciplinary communication skills (e.g., negotiation, conflict management etc.) to support the co-creation of a common agenda to ensure the effective coordination of care, building consensus and/or resolving conflicts in the context of client care.

5. Identifies and uses a variety of strategies to overcome language and other communication barriers (e.g., psychosocial, cognitive, literacy, health literacy, financial, cultural) to facilitate client self-determination, shared decision-making, and engagement in care, sharing successful strategies with the interdisciplinary team.

6. Documents and share information to clients, caregivers, the interprofessional team, and the client's social support network in communication formats that promote accuracy and accommodate client privacy and confidentiality within legal and regulatory parameters.

7. Uses technology (e.g., virtual platforms, electronic health records, etc.) to measure, record, and retrieve client data; access available resources, implement the nursing process; and enhance home health nursing practice while adhering to privacy laws/legislation and maintaining client confidentiality

CHNC, 2024

To view the complete Competencies Document via the CHNC website, click here

Delegation of Nursing Tasks:
What Community Health Nurses should know

What is Delegation?

Delegation is when a nurse grants authority to an unregulated care provider to carry out a nursing task, normally something associated with the client's day to day activities. Delegation to an unregulated care provider is client specific, meaning the delegation of nursing tasks cannot be transferred to other clients with similar needs.

(CRNNL, Unregulated Care Providers in Community Settings, 2019)

How can CHN's Delegate responsibly?

Community Health Nurses work autonomously. You are responsible to ensure you are prepared to delegate effectively and that the unregulated care provider is right for your client.

Review your employer's delegation policies.
Familiarize yourself with your Provincial/Territorial Nursing Regulatory bodies policies.
Are you aware of the unregulated care providers qualifications and availability to assist?
Have you discussed the expectations with the unregulated care provider and do they understand what is being asked of them?
Is the unregulated care provider being utilized appropriately?
Ensure all instructions are as specific as possible.
Can the unregulated care provider repeat the information provided?
Ensure the unregulated care provider is aware when and to whom to report an issue.
Does your client know who their nurse is and who their unregulated care provider is?
Can you intervene if needed?
Are you available for supervision and support, as needed?
Has your client's condition and the risk from harm been considered prior to delegation?

InfoLAW: Delegation to Unregulated Care Providers - Canadian Nurses Protective Society

Did you know every time you delegate a nursing task to an unregulated care provider you are utilizing **CHN Standard 5. Capacity Building and Home Health Nursing Competencies 1, 3, 4, 5 and 6!**

Remember that all working relationships, including unregulated care providers; are built upon mutual respect, knowledge sharing and trust!

Take the time to ensure that each person to whom you have delegated nursing tasks knows how to reach you for guidance, what to do in an emergency and feels comfortable coming to you for advice.

Ensure the client knows you are still available, if needed. Your client is at the heart of everything you do!

Self Care Corner

The fall term is one of coziness as the evenings become cooler and the smell of baking usually fills my kitchen. This term, however, has been one of the busiest that I've ever experienced at work, and I've had to struggle some days to stay positive. Because I've been so busy and had so many deadlines to meet, I've dropped my daily walks and fallen into that cycle to which some of you might be able to relate, of constantly feeling exhausted. I recall reading years ago that "to get energy, you have to use some energy" but I just don't have it in me☹

So, what a delight it was to hear one of the keynote addresses at the recent Canadian Association of Perinatal and Women's Health and Nurses (CAPWHN) Conference. The talk, by Bryan and Liz Burns, was titled Building Success and Happiness at Work. They provided lots of practical resources and engaged their audience in a variety of activities, primarily stemming from theories of mindfulness and neuroplasticity.

I realized that in addition to stopping my daily walks, I had stopped my practice of taking a few minutes each day to stop, breathe, notice my thoughts, let them go and enjoy the calm. How could I have let go of the practice? It takes only minutes but it restores energy.

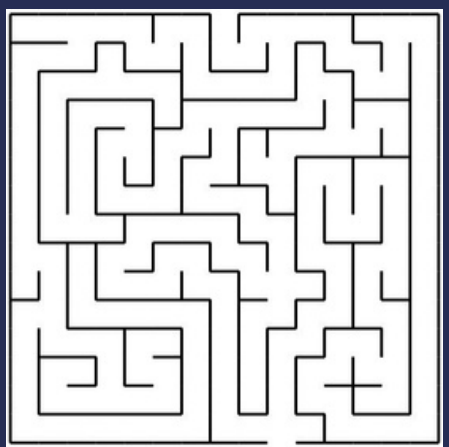
Liz and Bryan connected this "Just Sitting" practice to nursing and the ways in which it is important for us to move beyond "fixing" and "doing" so that we notice things about our clients/colleagues that we might not have otherwise become aware. It was a reminder about the importance of creating environments in which people are seen and heard in ways that are meaningful to them.

I feel grateful for the reminders above and am trying to "reset" my focus and restore my energy levels. If you have any suggestions for restoring energy, please share and we'll include them in the next issue of Great Big News!

Mary Lou Batty

CHNC Provincial Director for New Brunswick

PS: I also acknowledge that it's important to move beyond self-care at the individual level and address systemic issues that make it hard to remain resilient (As we've discussed in previous issues of GBN, self-care and resilience theories are interconnected).



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Can you find the CHNC themed words?

Advocate
Canada
Community
Educate
Engagement
Health
Health Equity
Independent
Leadership
Nurse
Research
Social Justice

PARLONS-EN

LET'S CHAT

about - for - with
Community Health Nurses

Community Health Nurses of Canada presents:

MOSAIC: A COMMUNITY OF PRACTICE

Exploring Current Community Health Challenges

We're pleased to welcome Ms. Banke Afolabi, who will open the session with a focus on Exploring Current Community Health Challenges. She will share her insights on equitable maternal and newborn care for Black newcomer women in southwestern Ontario.

Wednesday, November 19

12:00 PM – 1:00 PM

CLICK HERE to join us Zoom. No registration required!

What is MOSAIC?

- MOSAIC is **M**embers **o**f **S**ocial **a**nd **I**nclusive **C**ommunities

An online forum for CHNs to:

- Support and share community health nursing experiences
- Shape positivity and advocacy for change
- Identify and address challenges that impact
- CHNs practice and work conditions
- Incorporate different ways of knowing and doing to understand CHNs' influence within the current health care milieu.

What is a Community of Practice (CoP)?

- CoP is a group of people with a common passion who come together to share resources and learn through ongoing interactions.

MOSAIC is held on the 3rd Wednesday of every month From 12-1:00 PM EST/EDT

Watch for emails from CHNC for login details!

Do you have an idea for the Spring 2026 edition of GBN? We would LOVE to hear from you! Contact your Membership Services Committee:

communications@chnc.ca

Core Competencies for Public Health in Canada Release 2.0

The National Collaborating Centres for Public Health (NCCPH), with funding from the Public Health Agency of Canada, engaged extensively with the Canadian public health community to develop the Core Competencies for Public Health in Canada: Release 2.0.
Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health.

To learn more click here

Have you found your WHY?

Simon Sinek, a leadership expert, is the author of the well-known book Find Your Why, a guide to discovering your driving force and understanding the reason—your 'why'—behind each of your actions, and how to bring more meaning to your work. He calls his model The Golden Circle, and here is what he means...

Want to know more? Watch the video

WHY

- The middle circle, THE WHY , represents your motivation, your belief, your inspiration, your purpose . Why do you wake up every morning and go to work ?

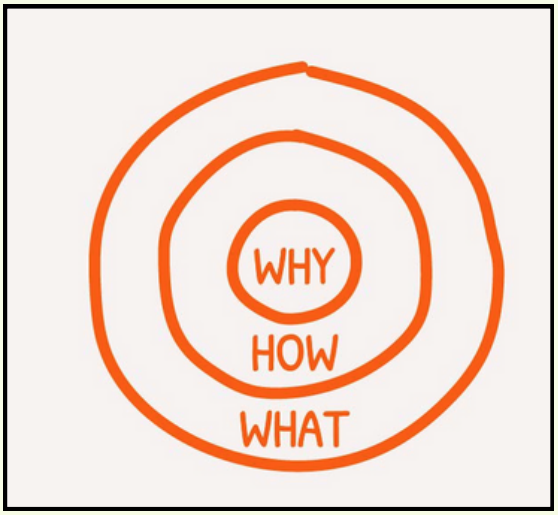
How

- The next circle is THE HOW. What actions are you taking to achieve your WHY ?

What

- The biggest circle is the WHAT. What are you offering? It refers to the result , the product , the service etc.

The Golden Circle



Shared by: Anna Tazian RN, MPH (CHNC Quebec Provincial Director)

A Refreshed Look for CHNC's Website

We are excited to announce work being done to replace and update CHNC's current website. In response to ongoing feedback from CHNC members for better navigation and a more modern look, Karen Curry, Barb Chyzzy, Mary Lou Batty, Anthony Lombardo and Dan Nagel are leading this initiative.

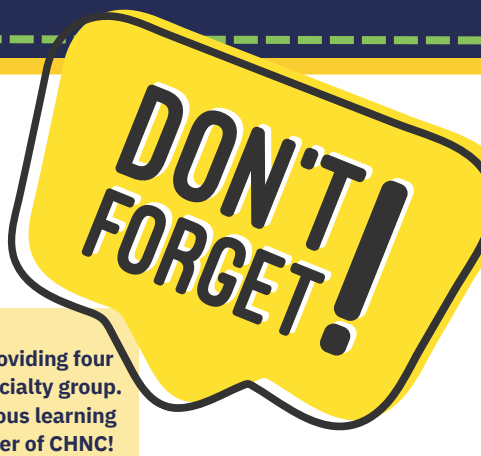
The goal is to give the website a refreshed appearance with a warmer professional appearance, easier navigation, and better access to essential information.

A call was put out for Canadian vendors and, following a review of potential candidates, Consensus Creative was provided the contract for the website work. The website work group has been collaborating with the design team of Consensus Creative to both enhance the visual appeal and functionality of CHNC's website using the latest software platforms.
A call will be made for CHNC members to submit pictures that may be used on the website to provide a sense of the diverse regions and environments that community health nurses work in across Canada and to represent some of the contexts in which they work. Please stay tuned for the call for pictures in a CHNC e-blast.

The anticipated launch of the new website is December 2025, so please stay tuned for future updates!

Membership is effective January 1 - December 31!

Membership Renewal



DID YOU KNOW?
Nurses with CNA Certification in Community Health Nursing! CNA is providing four continuous learning hours per year for membership in your national specialty group. That means in your 5 year certification cycle you could earn 20 continuous learning hours, 20% of those required for recertification – just by being a member of CHNC!

Help us build a "community" of community health nursing enthusiasts by sharing membership news about CHNC! You can encourage students that you teach or preceptor to join for **FREE!**
Please spread the word !!

Click here to learn more about the benefits of being a CHNC member!

Community Health Nursing Certification

To learn more about certification

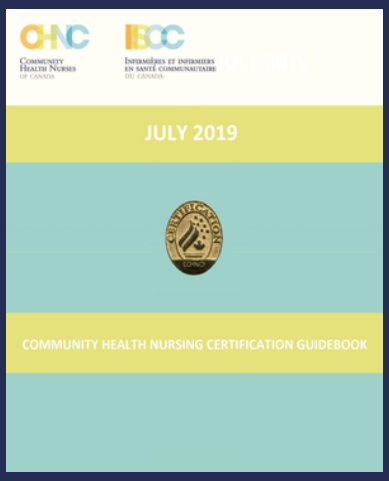
CLICK HERE

DID YOU KNOW?

CHNC members can apply for a bursary.
Click **here** to learn more!

The purpose of the $500.00 bursary is to provide encouragement and support to an individual(s) pursuing certification and to offset the cost of the initial certification examination.

CHNC has a Certification Guidebook available for its members! Check it out



BETWEEN 2020 - 2024, 598 COMMUNITY HEALTH NURSES SUCCESSFULLY WROTE THE CNA COMMUNITY HEALTH NURSING EXAM!

Congratulations

CHNC Awards

Click Here to nominate someone today!

CHNC Award of MERIT
Each year, the Community Health Nurses of Canada offer an Award of Merit to one outstanding nurse for their exemplary, visionary contribution to community health nursing.

Honorary Lifetime Membership Award
Honorary lifetime membership will be awarded to an individual for significant lifetime contributions to the advancement of Community Health Nursing and Community Health Nurses of Canada.

Influenza Season

DID YOU KNOW?

"Every year, worldwide seasonal influenza causes an estimated 1 billion infections and between 290,000 to 650,000 deaths. In Canada, influenza and pneumonia are ranked among the top 10 leading causes of death in Canada. It is estimated that influenza causes approximately 12,200 hospitalizations and 3,500 deaths."

Infection Prevention and Control Canada, 2025

Each fall, Community Health Nurses across Canada vaccinate the young, the elderly, the shut in and the sick.

Community Health Nurses ensure the influenza vaccine is available in the communities in which we live, work and play.

Mass clinics and home visits, where ever there is a need, we are there.

This year, as you do every year while vaccinating our fellow Canadians, educate client's, dispel misconceptions. discuss other vaccines available and review any barriers faced in their attempt to receive the vaccine.

- *Influenza vaccination coverage in 2023-2024 (42%) was similar to the previous season (43%).*
- *While vaccination coverage among seniors (73%) is closer to the coverage goal of 80%, only 44% of the adults aged 18-64 years with chronic medical conditions received the flu shot in Canada.*
- *The most common reason for getting the flu shot was to prevent infection (23%), whereas the most common reason for not getting the flu shot was the perception that the vaccine was not needed (31%).*
- *39% of adults stated that they definitely will get the flu shot next flu season.*

PHAC, 2024

Don't forget, you need your shot too!

CNA strongly recommends all nurses receive the influenza vaccine annually (unless contraindicated) to protect themselves, their families and those in their care.

Position Statement, Influenza Immunization of Nurses, 2019

Facts about vaccines

The cow, the hero?

The term "vaccine" originates from the word vacca which is Latin for cow. The term was created after Dr. Edward Jenner, created the world's first successful vaccine in 1796 after inoculating 8 year old James Phipps with matter collected from a cowpox sore on the hand of a milkmaid. Thanks to the cow !!

The Spanish "Mother of all pandemics"?

The "Spanish Flu " Pandemic in 1918-1919, infected an estimated 500 million people worldwide killing an estimated 20-50 million, including US soldiers , which made the influenza vaccine , a US military priority. But apparently the hundreds of thousands of doses of the vaccine produced during the pandemic, targeted the wrong pathogen.

The dog bite

In 1885 , Louis Pasteur who was not a medical doctor, began a course of injections on 9 year old Joseph Meister who was badly bitten by a dog. After 13 injections with increasing doses of the rabies virus, Joseph survived and later becomes the caretaker of Pasteur's tomb in Paris.

Later in 1940s , the first inactivated flu vaccine was developed by Thomas Francis and Jonas Salk at the University of Michigan. The vaccine was tested for safety and efficacy on the US military, before being licensed for wider use in 1945

Inequities in a pandemic!

On March 11 2020, WHO confirmed the COVID-19 pandemic. In December 2020, just 1 year after the first case of COVID-19 was detected, the first COVID-19 vaccine doses were administered. By July 2021 , almost 85 % of the COVID -19 vaccines were administered in high and upper-middle-income countries, over 75% of which were administered in 10 countries alone !

Mass Vaccinations!

1967, mass vaccinations begin after the World Health Organization announces the intensified Smallpox Eradication Program. In 1980, Smallpox was declared officially eradicated. In 1988, the Global Polio Eradication Initiative was launched. Although the reported polio cases have significantly diminished in the world, polio still exists.

Created by: Anna Tazian RN, MPH (CHNC Quebec Provincial Director)