National Community Health Nursing Conference

Harnessing the Power of Community Health Nursing

May 27-29, 2019 Saint John Trade & Convention Centre and the Hilton Saint John

Saint John, New Brunswick

chnc@absolutevents.com

@CHNCiiscc

@CHNC_iiscc
The Community Health Nurses of Canada (CHNC) is hosting our National Community Health Nursing Conference, **Harnessing the Power of Community Health Nursing**, at the beautiful harbourfront Saint John Trade and Convention Centre and Hilton Saint John on May 27 - 29, 2019.

The conference attracts nurses from Public Health, Home Health and other areas of Community Health Nursing who are working in direct practice, administration, policy, education, research or clinical care. The conference is an opportunity for nurses to acquire practical tools, products and processes to advance their practices; generate research questions; connect with others; discover innovative leadership strategies, and strengthen CHN visibility and identity.

Our Conference Program was built with themes that reflect different aspects of Community Health Nursing such as: advocating for Healthy Public Policy; supporting client centred care; promoting quality improvement; demonstrating leadership; building relationships and partnerships; and advancing the CHN roles. Session times range from 15 minutes to 30 minute oral presentations, or full hour-long presentations or Networking Cafés. Each session is designed to help you meet your educational needs.

Visit our Sponsors and Exhibitors Hall to learn about new and innovative products and services; gain and build relationships by networking; connect with speakers outside of their sessions to enhance your learning experiences.

You will be able to create your custom schedule using our Conference App. Details on how to find and download our Conference app will be emailed to you before the Conference.

Awesome Saint John is waiting to share with you all the breath taking scenery, historical architecture and diverse activities it has to offer. Enjoy your free time to visit and experience the adventure, dining, shopping, and relaxing, all in walking distance from the hotel and convention centre:

- The Market Square historical and modern architecture
- Saint John City Market, the oldest farmer’s market
- New Brunswick Museum
- The 225th Anniversary Clock, with its own address and tax bill
- The Boardwalk, with beautiful sea views
- The Reversing Falls
- Saint John Lighthouse

**Join us in Harnessing the Power of Community Health Nursing this May 27-29, 2019.**

We look forward to welcoming you to Saint Awesome!
THANK YOU TO OUR SPONSORS!

EDUCATION

SANOFI PASTEUR

SILVER

First Nations Health Authority
Health through wellness

Indigenous Services Canada
Services aux Autochtones Canada

DISPLAY TABLES

Bayshore Healthcare
Canadian Centre for Occupational Health and Safety
Canadian Nurses Protective Society
CATIE
Collaborative Nurse Practitioner Program
Food Allergy Canada
Jasmin's Attache'
Northern Health
Northern Inter-Tribal Health Authority (NITHA)
Original Energy Sales
Pearson Canada

Information for becoming a Sponsor and/or Exhibitor:

Contact us: chnc@absolutevents.com or
https://www.chnc.ca/en/sponsors-exhibitors
# National Community Health Nursing Conference 2019

## Monday, May 27th – Pre-Conference Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>7:00am - 8:00pm</td>
<td>Registration</td>
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<tr>
<td>8:00am - 12:00pm</td>
<td><strong>Community Health Nursing Leaders in System Transformation</strong>&lt;br&gt;<strong>Ruth Schofield, RN, MSc(T) McMaster University</strong></td>
</tr>
<tr>
<td>9:00am - 12:00pm</td>
<td><strong>Stigma Ends With Me: An Examination of Stigma Related to Problematic Substance Use, and Strategies to Promote Equity and Reduce Barriers to Care</strong>&lt;br&gt;<strong>Public Health Agency of Canada</strong></td>
</tr>
<tr>
<td>9:00am - 12:00pm</td>
<td><strong>How to Avoid Becoming a Legal Case Study</strong>&lt;br&gt;<strong>Elaine Borg, BNSc, RN, LLB, Legal Counsel, Canadian Nurses Protective Society CNPS®</strong></td>
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<tr>
<td>10:00am - 10:30am</td>
<td>Refreshment break</td>
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<tr>
<td>12:00pm - 1:30pm</td>
<td>Lunch (on your own)</td>
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<tr>
<td>1:00pm - 4:30pm</td>
<td><strong>Community Health Nursing Leaders in System Transformation (continued)</strong>&lt;br&gt;<strong>Ruth Schofield, RN, MSc(T) McMaster University</strong></td>
</tr>
<tr>
<td>1:30pm - 4:30pm</td>
<td><strong>Stigma Ends With Me: An Examination of Stigma Related to Problematic Substance Use, and Strategies to Promote Equity and Reduce Barriers to Care (continued)</strong>&lt;br&gt;<strong>Public Health Agency of Canada</strong></td>
</tr>
<tr>
<td>1:30pm - 4:30pm</td>
<td><strong>Indigenous Nursing Knowledge: Moving Forward versus Virtual Transition – Who’s Really Moving?</strong>&lt;br&gt;<strong>Marilee Nowgesic, Canadian Indigenous Nurses Association Executive Director and Canadian Indigenous Nurses Association Executive</strong></td>
</tr>
<tr>
<td>1:30pm - 4:30pm</td>
<td><strong>From Planning to Performance to Improvement: Developing a Performance Management System</strong>&lt;br&gt;<strong>Annette Sonneveld, RN, BScN Supervisor, Performance Management Toronto Public Health</strong></td>
</tr>
<tr>
<td>6:00pm - 7:00pm</td>
<td>CHNC Annual General Meeting</td>
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<tr>
<td>7:00pm - 9:00pm</td>
<td>Welcome Reception</td>
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## Tuesday, May 28th Conference Program

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30am</td>
<td>Registration</td>
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<tr>
<td>7:15am</td>
<td>Networking Breakfast</td>
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<tr>
<td>7:15am – 8:20am</td>
<td>CHNC wants to hear from you. Come chat with us about opening membership to the entire nursing community.</td>
</tr>
<tr>
<td>8:30am</td>
<td>Opening Ceremony</td>
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</table>
| 9:00am – 10:30am | Opening Plenary  
Dr. Richard Booth, RN, MScN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario |
| 10:30am – 11:00am | How to Document Less….With Better Quality  
Catherine Chater, MSc, OT Reg. (Ont.), VHA Home HealthCare, Toronto, ON  
Jaspreet Soor, MBChB, VHA Home HealthCare, Toronto, ON |
| 10:30am – 11:30am | Partnerships for Racial Health Equity  
Sume Ndumbe-Eyoh, MHSc., National Collaborating Centre for Determinants of Health, Toronto, ON |
| 10:30am – 11:30am | Circle Works: Promoting Indigenous Health and Well-being in Undergraduate Community Based Nursing Education  
Maureen Ryan, RN BN MN PhD  
University of Victoria, Victoria BC |
| 10:30am – 10:30am | Aspiration During Intramuscular Injections: A Call for Policy Implementation  
Twyla Ens, RN, MN, CHSE, CCNE, University of Calgary, Calgary AB |
| 10:30am – 10:30am | Integration of a Computer-Based Virtual Simulation Program into Community Clinical Courses  
Andrea Chircop, PhD, RN, Dalhousie University, Halifax, NS |
| 10:30am – 10:30am | Creating Health Equity: A Community Development Demonstration Initiative  
Kerry Heather, RN, BScN, MN, St.Amant, Winnipeg, MB |
| 10:30am – 10:30am | Engaging the Dis-engaged in a Rural Nova Scotian Community  
Debbie Brennick, MN, RN, Cape Breton University, Sydney, NS |
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<tr>
<td>11:00am</td>
<td>Addressing Ethical Issues in Changing Times: Enhancing Community Health Nurses' Critical Thinking Skills</td>
<td>Oma Boodoo, R.N., M.N., B.ScN Toronto Public Health, Toronto, ON</td>
</tr>
<tr>
<td>11:30am</td>
<td>The Roles of the CHN on Pandemic Planning</td>
<td>Fanie Lalonde, RN, BScN, MScN, Senior Nurse Advisor, Public Health Agency of Canada, Ottawa, ON</td>
</tr>
<tr>
<td>11:40am</td>
<td>The Role of Technology in Women's Empowerment: A Scoping Review</td>
<td>April Mackey, RN, BScN, University of Saskatchewan</td>
</tr>
<tr>
<td>11:50am</td>
<td>Learning What You Don’t Know: Benefits of a Multimodal Competency Program to Support Safe, Autonomous Nursing Practice in Home Care</td>
<td>Matthew Wong, RN, MN, VHA Home Healthcare, Toronto, ON; Jessica Lok, RN, MN, VHA Home Healthcare, Toronto, ON</td>
</tr>
<tr>
<td>11:40am</td>
<td>Bridging the Gap Between Community, Clinic and Hospital for Parkinson’s Disease</td>
<td>Gigi van den Hoef, BSc, RN, CCRP; MSL &amp; RN Consulting, Ottawa, ON; Sarah Bocking, RN, BSN, MSc, Saskatchewan Movement Disorders Program, Saskatoon, SK; Kelly Williams, RNBN, GNC(c). Movement Disorder Clinic-Deer Lodge Centre in Winnipeg, MB</td>
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<tr>
<td>11:30am</td>
<td>Stretch break</td>
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<tr>
<td>11:40am</td>
<td>Co-creating Solutions for the Erosion of CHN Content in Undergraduate Nursing Education</td>
<td>Andrea Chircop, PhD, RN, Dalhousie University, Halifax, NS</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Harnessing the Power of CHNs to Promote Truth &amp; Reconciliation: Exploring Roles and Sharing Experiences</td>
<td>Benita E. Cohen, RN, PhD, Associate Professor, College of Nursing, Faculty of Health Sciences, University of Manitoba, Winnipeg, MB; Francine Laurencelle, RN, DHA, Senior Instructor, College of Nursing, Faculty of Health Sciences, University of Manitoba. Winnipeg, MB</td>
</tr>
<tr>
<td>11:40am</td>
<td>Navigating the Measurement of Client Experience in Public Health: How to Reach Your Destination and Avoid the Dead Ends</td>
<td>Heather Lokko, BScN, RN, MPH, CCHN(C), Middlesex-London Health Unit, London, ON</td>
</tr>
<tr>
<td>12:10pm</td>
<td>The Leadership Power of Community and Homes Health Nurses in Transforming a Home Support Program Delivery</td>
<td>Cheryl Reid-Haughian, RN, BHScN, MHScN, CCHN(C), VP Clinical Informatics, CellTrak Technologies Inc, Ottawa, ON; Irene Haulibec, RN, BScN, M Ed, Senior Director, Practice, Quality and Risk Management, VON Canada, Toronto, ON</td>
</tr>
<tr>
<td>11:40am</td>
<td>Addressing Equity by Meeting the Public Health Needs of Children and Youth with Intellectual Disabilities</td>
<td>Grace Dygas, PHN, RN, MN, Toronto Public Health, Toronto, ON; Olga Safronava, PHN, RN, BScN (Hons), Toronto Public Health, Toronto, ON</td>
</tr>
<tr>
<td>11:40am</td>
<td>The Development of Sleep Across the Lifespan: An Interactive Review for Community Health Nurses of Applied Sleep Research and Current Tools to Promote Healthy Sleep</td>
<td>Elizabeth Keys, BN, BSc, RN, CCHN(C), Doctoral Candidate, Faculty of Nursing, University of Calgary, Calgary, AB; Amy Beck, MN, BN, RN, CCHN(C), Doctoral Candidate, Faculty of Nursing, University of Calgary, Calgary, AB</td>
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<tr>
<td>12:00pm</td>
<td>12:20pm Paraben and Phthalate Exposure via Cosmetics Decision Making Among Female University Students</td>
<td>Denise Pattison RN, CHPCA, Master of Health Sciences Candidate University of Ontario Institute of Technology, Oshawa, ON</td>
</tr>
<tr>
<td>12:10pm</td>
<td>12:40pm The PACCage Model: A Dynamic Interdisciplinary Approach to Maximise Health Outcomes in the Community - A Story of Possibility</td>
<td>Patricia Couture, RN, BScN, MN; Saskatchewan Health Authority; Debden, SK; Erin Haas, RN, BScN, MA Leadership; Saskatchewan Polytechnic, Regina, SK; Noreen Reed, RN, BScN, MN; Ahtahkakoop First Nation; Shell Lake, SK; Laurianne Tetreault, RN, BScN, MN-NP; Saskatchewan Health Authority; Saskatoon, SK</td>
</tr>
<tr>
<td>12:20pm</td>
<td>12:40pm Sticks and Stones may Break my Bones and Words can Hurt or Heal Me: Stories of Racial Discrimination in Canada and how Community Health Nurses can help Change the Narrative</td>
<td>Catherine Baxter, RN, PhD. Brandon University, Brandon, MB</td>
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<tr>
<td>12:40pm</td>
<td>1:50pm Networking Lunch</td>
<td>CHN Educators and Practitioners Network Lunch</td>
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<tr>
<td>2:00pm</td>
<td>2:30pm Community Health Nurses Solving Problems Around Sexually Transmitted and Blood Born Infection in Canada</td>
<td>Jami Neufeld, RNBN, MPH, Project Manager, National Collaborating Centre for Infectious Diseases</td>
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## Tuesday, May 28th (cont.)

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<tr>
<td>2:00pm</td>
<td>Harnessing the Experience of Nursing Subject Matter Experts and Community Health Educators in Undergraduate Community Health Nursing Education</td>
<td>Nancy McGee, RN, MS, Ryerson University, Toronto, ON</td>
</tr>
<tr>
<td>2:20pm</td>
<td>Nursing in the Provincial Corrections Setting</td>
<td>Lisa Keirstead-Johnson, RN BN C-AED CPMHN(C), Horizon Health Network, Miramichi, N.B.; Christie Ruff, LPN, Horizon Health Network, Saint John, N.B.; Andrea Casey, RN BN, Horizon Health Network/ New Brunswick Youth Center/ New Brunswick Women’s Correctional Center, Miramichi, N.B.; Jocelyne Frenette, RN BSN, Horizon Health Network / Southeast Regional Correctional Centre, Shedic, N.B.; Holly Richards, BA BN RN, Horizon Health Network / Saint John Regional Correctional Center, Saint John, N.B.</td>
</tr>
<tr>
<td>2:20pm</td>
<td>The Early Childhood Committee Promotes Healthy Early Childhood through Successful Collaboration of Public Health Nursing, School Division, and other Partners with Focus on an Annual Early Childhood Development Education Session for Grade 11 Students</td>
<td>Michelle Johnson, RN BN, MSc (Inf. Dis.), Public Health Nurse, Priaire Mountain Health, Boissevain, MB</td>
</tr>
<tr>
<td>2:40pm</td>
<td>The Social Determinants of Health and Previously Incarcerated People</td>
<td>Dr. Aliyah Dosani, RN BN MPH, PhD, Associate Professor, Mount Royal University, Calgary, AB</td>
</tr>
<tr>
<td>2:40pm</td>
<td>Client Centred Care in a Correctional Setting</td>
<td>Jocelyne Frenette, RN BSN, Horizon Health Network / Southeast Regional Correctional Centre, Shedic, N.B.; Holly Richards, BA BN RN, Horizon Health Network / Saint John Regional Correctional Center, Saint John, N.B.; Andrea Casey, RN BN, Horizon Health Network/ New Brunswick Youth Center/ New Brunswick Women’s Correctional Center, Miramichi, N.B.; Lisa Keirstead-Johnson, RN BN C-AED CPMHN(C), Horizon Health Network, Miramichi, N.B.; Christie Ruff, LPN, Horizon Health Network, Saint John, N.B.</td>
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<tr>
<td>2:40pm</td>
<td>Investing in Families: Children and Youth Mental Health Project</td>
<td>Linh Nguyen, RN, BScN, Public Health Nurse, Toronto Public Health, Toronto, ON</td>
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<tr>
<td>2:40pm</td>
<td>Disrupting Education: Cultural Safety in Community Health Nursing</td>
<td>Kathryn Edmunds, PhD, RN, University of Windsor, Windsor, ON</td>
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<tr>
<td>2:40pm</td>
<td>Virtual Rheumatology Clinic: Thunder Bay, ON</td>
<td>Kimberly Brooks, RN, BScN, MBA, Bayshore Healthcare LTD, Nanticoke, ON</td>
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<tr>
<td>2:40pm</td>
<td>Assessing Infectious Disease Case Management</td>
<td>Tara Mann, RN MN BNSc CCHN(C), Ottawa Public Health, Ottawa, ON</td>
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<td>The Early Childhood Committee Promotes Healthy Early Childhood through Successful Collaboration of Public Health Nursing, School Division, and other Partners with Focus on an Annual Early Childhood Development Education Session for Grade 11 Students</td>
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<td>3:00pm</td>
<td>Refreshment Break</td>
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<td>3:30pm</td>
<td>Panel Discussion</td>
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<tr>
<td>4:30pm</td>
<td>Opioid Crisis: Community Health Nurses Perspective</td>
<td>Lucksika Sivakumar, RN, BScN, Toronto Public Health, Toronto, ON</td>
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<tr>
<td>4:30pm</td>
<td>Opioid Crisis: Community Health Nurses Perspective</td>
<td>Christie Ruff, LPN, Horizon Health Network, Saint John, N.B.</td>
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<tr>
<td>4:30pm</td>
<td>Opioid Crisis: Community Health Nurses Perspective</td>
<td>Additional panelist – TBC</td>
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<tr>
<td>4:30pm</td>
<td>Opioid Crisis: Community Health Nurses Perspective</td>
<td>Moderated by: Katie Dilworth, RN MHSc., BScN, CCHN(C), Toronto Public Health, President, Community Health Nurses of Canada, Toronto, ON</td>
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<td>8:00am</td>
<td>Community Health Nurses of Canada: Revised Standards of Practice Launch</td>
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<tr>
<td>9:00am</td>
<td>The Community Health Nursing Professional Practice Model &amp; Standards: A Closer Look at the Revised Standards and their Implications for Practice&lt;br&gt;Audrey Danaher, RN, MSc&lt;br&gt;Audrey Danaher and Associates; Toronto, ON</td>
<td></td>
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<tr>
<td>9:00am</td>
<td>Community Engagement as a Means to Address Marginalization and Reduce Health Inequities&lt;br&gt;Dianne Oickle, Knowledge Translation Specialist&lt;br&gt;National Collaborating Centre for Determinants of Health</td>
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<tr>
<td>9:00am</td>
<td>looking Back, Looking Forward/En Arriere, en avant: Stories of Francophone Community Health Nurses (CHNs) in Northern Ontario&lt;br&gt;Dr Sylvane Filice, RN, MPH, PhD, Assistant Professor, Lakehead University, Thunder Bay, ON</td>
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<tr>
<td>9:00am</td>
<td>Canadian Women’s Contemporary Experiences Accessing Abortion&lt;br&gt;Margaret Lebold, RN, BScN, BA, BSc, Master of Science in Nursing Student, York University, Toronto, ON</td>
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<tr>
<td>9:00am</td>
<td>Optimizing Nursing Students Learning Experience of Virtual Gaming Simulation - A Focus Group Study&lt;br&gt;Nancy McGee, RN, MS, Centennial College, Toronto, ON; Joyce Tsui, RN, MN, Centennial College, Toronto, ON</td>
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<td>9:00am</td>
<td>Blood and Body Fluid Exposure Incidents in First Nations Communities - A Descriptive Analysis&lt;br&gt;Temitope Sandra Olafare, MPH(c), The University of Saskatchewan, School of Public Health, Saskatoon, SK</td>
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<tr>
<td>9:00am</td>
<td>La contribution du savoir personnel et de l'expérience au développement de pratiques infirmières d'équité en santé en contexte communautaire&lt;br&gt;Geneviève McCready, BScN, MSc (MPH), PhD(c), Université d'Ottawa, Montréal, QC</td>
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<tr>
<td>9:30am –</td>
<td>Community Health Nursing in the High Arctic</td>
<td>Suzanne Buchanan, RN BScN, Government of Nunavut, Lethbridge, AB</td>
</tr>
<tr>
<td>10:00am</td>
<td>Harnessing the Power of Reproductive Healthcare</td>
<td>Parisa Sharifi, H.BSc &amp; BScN (in progress), University of Toronto, Toronto, ON; Daniela Spagnuolo, M.A. &amp; B.A., Toronto, ON</td>
</tr>
<tr>
<td>10:30am</td>
<td>Using a Case Based and Role Playing Video Making Activity to Enhance BScN Learner Knowledge about the Importance of Family Nursing for Healthy Communities</td>
<td>Wendy St. Laurent-Coutts, NP-PHC; MPH; RM; BScN, [PhD student], School of Nursing, Faculty of Health and Behavioural Sciences, Lakehead University, Thunder Bay, ON</td>
</tr>
<tr>
<td>10:00am</td>
<td>Harnessing the Power of Nurses’ Critical Thinking to Reduce Polypharmacy Risk in BC First Nations Communities</td>
<td>Gina Gaspard, RN MN GNC (c), Clinical Nurse Specialist, First Nations Health Authority, Vancouver, BC.</td>
</tr>
<tr>
<td>10:00am</td>
<td>Tenir compte et réduire les injustices épistémiques vécues par les infirmières à travers la recherche en santé communautaire</td>
<td>Geneviève McCready, BScN, MSc(MPH), PhD(c), Université d'Ottawa, Montréal, QC</td>
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<tr>
<td>10:00am</td>
<td>Refreshment Break</td>
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<tr>
<td>10:30am –</td>
<td>Workplace Violence Prevention Starts with Civility and Respect</td>
<td>Sue Freeman, Program Manager, Canadian Centre for Occupational Health and Safety (CCOHS), Hamilton, ON; Emma Ashurst, Senior Technical Specialist, Canadian Centre for Occupational Health and Safety (CCOHS), Hamilton, ON</td>
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<td>11:30am</td>
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<tr>
<td>10:30am</td>
<td>MAID - Challenges for the Home Health Care Nurse</td>
<td>Pauline Therrien, RN, BScN, ParaMed, Ottawa, ON; Michelle Pothier, BN,RN,MN,CCHN(C), ParaMed, Picton, ON</td>
</tr>
<tr>
<td>11:00am</td>
<td>Trauma and Violence-informed Care for Community Health Nurses</td>
<td>Colleen Varcoe, RN, PhD, Professor, School of Nursing, University of British Columbia, BC; Marilyn Ford-Gilboe, PhD, RN, FAAN, Professor and Women’s Health Research Chair in Rural Health, Arthur Labatt Family School of Nursing, School of Nursing University of Western Ontario; Kelly Scott-Storey, RN, PhD, Associate Professor, School of Nursing, University of New Brunswick</td>
</tr>
<tr>
<td>11:00am</td>
<td>Sharing Data with Community Partners to Promote Health Equity</td>
<td>Karen Graham, BScN, MScN, RN North Bay Parry Sound District Health Unit, North Bay ON</td>
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<td>10:30am – 10:50am</td>
<td><strong>Breaking Down Barriers: Increasing Accessibility to Health Services for Substance Users</strong></td>
<td><strong>Lucksika Sivakumar, RN, BScN, Toronto Public Health, Toronto, ON; Chloe Lee, RN, BScN, Toronto Public Health, Toronto, ON</strong></td>
</tr>
<tr>
<td>10:50am – 11:10am</td>
<td><strong>A Community-Based Project to Sensitize First Nation Youth to Cannabis Use and Issues</strong></td>
<td><strong>Jonathan Bojk, Student Nurse, McGill University, Montreal, QC; Maria Rueda Martinez, Student Nurse, McGill University, QC</strong></td>
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<tr>
<td>11:00am – 11:30am</td>
<td><strong>The Nature of Place and Disadvantage in Home-visiting: A critical Look at how Geography Influences the Delivery of Nurse-Family Partnership</strong></td>
<td><strong>Karen Campbell, RN, MN, PhD Student, McMaster University, Hamilton, ON</strong></td>
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<tr>
<td>11:10am – 11:30am</td>
<td><strong>Climate Change, Displacement and Health: Assessing Vulnerability, Building Capacity and Advocating for Healthy Public Policy</strong></td>
<td><strong>An Exploration of Youth Engagement in a Community-based Peer Mentorship Program for Mental Health Promotion: Factors that Promote and Discourage Participation</strong></td>
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- **Can Providing Perinatal Care for Vulnerable Populations in the "Client Community" Foster Improved Communities of inter-professional Collaboration, Knowledge, Care and Outcomes?**
  - **Wendy St. Laurent-Coutts, NP-PHC; MPH; RM; BScN, School of Nursing, Faculty of Health and Behavioural Sciences Lakehead University, Thunder Bay, ON**

- **Working with Psychiatric Consumers/Survivors: Theory, Method, Advocacy**
  - **Simon Adam, RN, PhD York University, School of Nursing, Toronto, ON**

- **Preparing Practice Ready Public Health Nurses: Nipissing University's Scholar Practitioner Program at Toronto Public Health**
  - **Valini S. Geer, R.N., B.Sc., B.A.A., M.N., Education Coordinator/Adjunct Professor, Toronto Public Health/Nipissing University, Toronto, ON**

- **Toronto Going Smoke-Free**
  - **Sahana Kesavarajah, BSc (Hons), BScN (c), Nursing Student, University of Toronto, Toronto, ON**

- **An Exploration of Youth Engagement in a Community-based Peer Mentorship for Mental Health Promotion: Factors that Promote and Discourage Participation**
  - **Anne Marie Creamer, RN, PhD, NP, Nurse Practitioner, Saint Joseph's Community Health Centre, Saint John, N.B.; Jean Hughes, RN, PhD, Professor, School of Nursing Dalhousie University, Research Scientist IWK Health Centre and Senior Researcher Healthy Populations Institute; Nicole Snow, PhD, RN, CPMHN (C), Assistant Professor, Faculty of Nursing, Memorial University of Newfoundland**
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<tr>
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<td>Networking Lunch</td>
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<td>1:30pm</td>
<td>Indigeneity in Community Health Care</td>
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<tr>
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<td>Cheryl Robbins, MN, PhD(c), NP, FAA</td>
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<td>Maskwacis Health Centre Maskwacis, AB</td>
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<td>1:30pm</td>
<td>Climate Driven Infectious Diseases: Developing E-resources for Undergraduate Nursing</td>
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<td>Ruth Schofield, RN, MSc (T) McMaster University, Hamilton, ON</td>
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<td>1:30pm</td>
<td>Leadership in PHN Workforce Development</td>
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<td>Cheryl Cusack, RN, MSN, PhD Manitoba Health, Winnipeg MB; Michelle Johnson, RN,MSc, Prairie Mountain Health, MB</td>
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<td>1:30pm</td>
<td>Inspiring Tomorrow's Leaders: Engagement, Leadership and Workforce Development</td>
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<td>Ethylene Villareal, RN, BScN, MSc, Region of Waterloo Public Health &amp; Emergency Services, Waterloo, ON; Annette Collins, RN, BScN, Region of Waterloo Public Health &amp; Emergency Services, Waterloo, ON</td>
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<td>Towards Gender Transformativity to Community Health Nursing Practice</td>
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<td>Cheryl van Daalen-Smith, RN, PhD - York University, Toronto, ON; Aliyah Dosani, RN, PhD Mount Royal University, Calgary, AB</td>
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<td>1:30pm</td>
<td>Enabling PosABILITES: Strengthening Therapeutic Relationships with Individuals with Intellectual Disabilities or Autism Spectrum Disorder</td>
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<td>Sophia Dimauro, BNI student, McGill University, Montreal, QC; Francoise Fillion, RN, MSc(N) McGill University, Montreal, QC</td>
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<tr>
<td>1:30pm</td>
<td>Meaning in Life and Reasons for Living in Older Adults with Suicidal Ideation</td>
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<td>Atami Sagna, RN, MHS - The University of Texas at Austin School of Nursing, Austin, TX, USA</td>
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<td>1:50pm</td>
<td>Understanding Social Exclusion among Old Women - A Qualitative Inquiry</td>
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<td>Sherry Nesbitt, RN, M.Sc Student, McMaster University, Hamilton, ON</td>
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<td>2:10pm</td>
<td>Using the CHNC Standards of Practice to Outline the Scope and Depth of Practice of a Nursing School-led Clinic providing Services to a Marginalized Population</td>
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<td>Francoise Filion, RN, MScN, Assistant Professor, ISON, McGill University, Montreal, QC</td>
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## Wednesday, May 29th (cont.)

<table>
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<tr>
<th>Time</th>
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| 2:00pm – 2:30pm | Advancing The Community Health Nursing Role Through Experiential Orientation  
Christine Schofield, RN, BScN, CCHN(C), Toronto Public Health, Toronto, ON; Edna Grajales, RN, BScN, CCHN(C), Toronto Public Health, Toronto, ON; Vanessa Vandewater, RN, BScN, IBCLC, Toronto Public Health, Toronto, ON |
|          | Leadership Competencies and PHN Stories - Advancing Community Health Nursing through Film  
Sara Shuster, RN, BSN, Community Health Nurses of Manitoba, Winnipeg, MB |
|          | The Family Research Agenda Initiatives Setting Project: A Community Based Priority-setting Partnership to Determine the Top 10 Research Priorities for Families with Children from Conception to 3 years  
Elizabeth Keys, BN, BSc, RN, CHNC(C), Doctoral Candidate, Faculty of Nursing, University of Calgary, Calgary, AB; Leslie Conlon, BN, RN, Parent Advisor, FRAISE Steering Committee, Faculty of Nursing, University of Calgary, Calgary, AB |
|          | Strengthening CHN Visibility and Identity: Advancing Nursing Roles in Public Health  
Katie Dilworth, RN MHSc., BScN, CCHN(C), Toronto Public Health, Toronto, ON |
|          | Building Organizational Capacity for Health Equity Action  
Sume Ndumbe-Eyoh, MHSc., National Collaborating Centre for Determinants of Health, Toronto, ON |
| 2:30pm – 2:55pm | Refreshment Break |
| 2:55pm – 3:20pm | Volunteer Recognition Ceremony |
| 3:20pm – 4:20pm | Closing Keynote: Remembering the Future  
Andrea Chircop, PhD, RN, Dalhousie University, Halifax, NS |
| 4:20pm – 4:30pm | Closing Ceremony |
## Registration Rates

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<td><strong>Full Day Pre-Conference Workshops</strong></td>
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<tr>
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<tr>
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* Not a Member of CHNC? Find out more and save on registration fees! For information regarding CHNC membership please [click here](#).

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Cancellations must be submitted via email by Friday, May 17th, 2019 to chnc@absolutevents.com or by mail at CHNC c/o Absolute Conferences & Events Inc. 6 Lansing Square, Suite 214, Toronto, ON M2J 1T5. Cancellations won't be accepted after this date. However, there may be exceptions in the event of an extenuating circumstance. Please contact us if you need more information chnc@absolutevents.com or 416-595-1414.

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We look forward to welcoming you to Saint Awesome!
A Community-Based Project to Sensitize First Nation Youth to Cannabis Use and Issues

Abstract Introduction: “Cannabis: To help you make an enlightened decision” is a project for youths aged 12 to 17 in a northern rural First Nation community. This project was created by a university undergraduate nursing students’ team in partnership with the community’s health centre, for whom young people are a priority in their 5-year plan, with the legalization of cannabis impending in Canada. Another incentive for the project came from the Canadian Centre on Substance Use and Addiction (CCSA) who maintains that adolescence is a critical period for brain development, and cannabis consumption increases the risk of addiction, of dropping out of school and alters normal brain development. The goal for this project was to educate Indigenous youths on the effects of cannabis use, promoting responsible consumption. Methods: The project integrated the Population Health Promotion Model and the First Nations Holistic Lifelong Learning Model. Semi-structured interviews with health and education professionals provided an idea of cannabis use in the community. A discussion in one high school class sampled young peoples’ knowledge and interests about cannabis. Following these discussions, an interactive presentation and a game on the law and effects of cannabis were created and implemented in the elementary and high school, reaching over 100 students. The same activity was offered to parents. All products and additional resources were made publicly available to the community. Results: The results demonstrated that 54% of participants named two physiological effects, 81% remembered a psychological impact, 78% claimed to understand the meaning of cannabis addiction, and 97% specified that you should not drive under the influence of cannabis. Conclusion: The results show that evidence-based information was well-received by the youths, who now feel capable of informed decision-making. Such a community-centered project encourages open conversations and mutual support between different community members regarding responsible cannabis use.

Learning Outcome 1 Address the issue of cannabis in a manner tailored for youth and families.

Learning Outcome 2 Understand the use of interactive games as health education tools in the school setting

Learning Outcome 3 Recognize the value of building collaborative partnerships to make health information accessible and culturally safe

All Authors

Jonathan Bojko, Student Nurse, McGill University, Montreal, QC; Samuel Gagnon, RN, McGill University, Montreal, QC; Gina Kreidy, RN, McGill University, Montreal, QC; Maria Rueda Martinez, Student Nurse, McGill University, QC; Françoise Filion, RN MScN, McGill University, QC
Addressing Equity by Meeting the Public Health Needs of Children and Youth with Intellectual Disabilities

Abstract Issue: Addressing health promotion and inequity of services for children and youth with intellectual disabilities (ID) has been a challenge for most Community Health agencies, including Public Health (PH) units, across Canada. In Ontario, an estimated 16% of the student population is identified as exceptional, translating to over 50,550 of special education students in Toronto. ID develops before the age of 18. It is characterized by limitations in intellectual functioning and adaptive behavior. Children and youth with ID have 3 to 4 time higher prevalence of mental health illnesses, and encounter barriers to equitable participation in health promotion programs. Purpose: 1. To answer the research question: "How can PH apply education as a population health approach to meet the needs of children and youth with ID?" 2. To summarize findings of a literature review, internal and external environmental scans related to PH services for children and youth with ID. 3. To demonstrate practical strategies for accommodating learner variability when working with groups by applying Universal Design for Learning (UDL) framework. Key learning outcomes: Participants will increase knowledge of current educational frameworks for students with ID, acquire practical skills for implementation of UDL, and receive a supporting tool: "Group Training Consultation Guiding Questions Using an Accessibility Lens". Implications: This work will lead to quality improvement in health promotion programs by informing community health stakeholders about applying UDL framework as a population health approach. Service delivery providers will be able to enhance learning opportunities for all, and especially for children and youth with ID.

Learning Outcome 1 Increase knowledge of current educational frameworks for students with ID

Learning Outcome 2 Acquire practical skills for implementation of Universal Design for Learning (UDL)

Learning Outcome 3 Receive a supporting tool: "Group Training Consultation Guiding Questions Using an Accessibility Lens"

All Authors

Grace Dygas, PHN, RN, MN, Toronto Public Health, Toronto, Ontario; Olga Safronava PHN, RN, BScN - Hons, Toronto Public Health, Toronto, Ontario
Addressing Ethical Issues in Changing Times: Enhancing Community Health Nurses' Critical Thinking Skills

Abstract
Ethical issues in public health practice arise when competing values, duties, or directives pull professionals in competing directions. The implementation of new laws, regulations and ever changing work environment, community health nurses face unique ethical dilemmas. These challenges are compounded by the clients with complex health issues, often in isolation from their peers and community supports. A needs assessment conducted in 2015 of Public Health Nurses (PHNs) and other health providers confirmed increased frequency of ethical dilemmas. These dilemmas cause considerable stress, moral distress which are exacerbated due to lack of support and resources. An innovative strategy was developed to boost and build ethical decision making capacity through an evidence informed Best Practice Spotlight Organization initiative that would enable PHNs access to professional development, tools, resources and supports. This initiative built PHN critical thinking capacity to recognize, analyze and resolve ethical issues enabling improved outcomes for clients and reducing moral distress. This presentation will provide insight into the strategies that have been employed by the organization and the results of their evaluation. Successes and challenges will be shared and recommendations for implementation in all community health organizations will be made.

Learning Outcome 1 Resources developed to support nurses in critical thinking about ethical issues;

Learning Outcome 2 Learnings from the evaluation results

Learning Outcome 3 Successes and challenges encountered in implementation of the strategies; and recommendations that apply to other community health organizations

All Authors
Primary Authors: Oma Boodoo, R.N., M.N, B.ScN, Toronto Public Health, Toronto, Ontario
Contributors: Katie Dilworth, R.N, MHSc, BScN, CCHN(c); Sherry Ovsenny; Tara Brown; Cindy Pilchuk; Lori Liggesmeyer; Christine Schofield, R.N, BScN, CCHN(c)
Advancing the Community Health Nursing Role through Experiential Orientation

Abstract Healthy Babies, Healthy Children (HBHC) is a home visiting program designed to help families promote and achieve optimal child health and developmental outcomes. Toronto Public Health's (TPH) HBHC new staff orientation for Public Health Nurses (PHN) faced several challenges. Staff were spending 31 full days in orientation sessions and took several months to build an independent case load. This often resulted in novice staff lacking confidence and feeling unprepared to meet their clients’ complex needs. It was clear that an orientation redesign was necessary. In the fall of 2017, an environmental scan, surveys, key informant interviews and a literature review were conducted for alternative orientation methods and strategies. The research indicated that while traditional learners retain a small percentage of what they read and hear, experiential learners exhibit higher retention as a result of both having the opportunity to apply what they've learned in real-life situations, and also gaining additional knowledge through such experiences and reflecting on them. Additionally, evidence revealed that incorporating experiential learning into orientation can reduce orientation length and improve the competence and confidence of novice staff. Applicable for all community health nursing (CHN) staff development programs, the recommendations and completion of the orientation redesign came from the consolidation, analysis and theming of the research and data, and resulted in the incorporation of experiential learning as an essential component to advance nursing practice. Orientation sessions were reduced by 50%, and staff were ready and more confident to build a case load in as early as 5-6 weeks. This oral presentation will highlight the CHN role advancement through staff orientation. Participants will gain insights into how experiential learning can advance their CHN staff development programs, and newly developed orientation tools will be highlighted.

Learning Outcome 1 Participants will gain insights into how experiential learning can advance their CHN staff development programs.

Learning Outcome 2 Participants will gain insights into how to implement newly developed orientation tools into their CHN staff development programs.

All Authors
Christine Schofield, RN, BScN, CCHN(C), Toronto Public Health, Toronto, ON; Edna Grajales, RN, BScN, CCHN(C), Toronto Public Health, Toronto, ON; Vanessa Vandewater, RN, BScN, IBCLC, Toronto Public Health, Toronto, ON
Abstract The purpose of this study was to identify factors that promote or discourage youth engagement in a walk-in, community-based program focusing on peer mentorship and recovery for individuals, aged 16 to 29 years, with self-identified mental health problems. Narrative inquiry was used to gather participants’ stories. Ten participants (six males and four females), aged ~19 to 29 years who attended the program regularly were interviewed. Thematic analysis identified themes and sub-themes describing: 1) Who Attended: traumatized and isolated; 2) Reasons for Attending: motivated to work on goals; 3) Facilitators of Engagement and Beyond: creating a safe space, building trust, encouraging growth, helping members connect and helping to transition forward; 4) Challenges to Engagement: centre focused, member focused and external factors; 5) The Benefits of Attending: feeling safe and developing trust, building community and a process of building a way forward, a purposeful life. Participants’ common experiences of trauma and its impact were most evident, emphasizing the critical need for approaches that help individuals to manage and move beyond the impact of their trauma. This new, innovative program played a significant role in assisting participants by providing client centred care. The results of this study will provide community health nurses with an understanding of factors that may affect youth mental health, approaches that support recovery and the outcomes of positive strategies.

Learning Outcome 1 The results of this study will provide community health nurses with an understanding of factors that may impact youth mental health.

Learning Outcome 2 It will help community health nurses understand and use client centred approaches that support recovery.

Learning Outcome 3 It will educate community health nurses about this innovative, community based service and its positive outcomes.

All Authors

Dr. Anne Marie Creamer, RN, PhD, NP, Nurse Practitioner, Saint Joseph’s Community Health Centre Saint John, N.B.; Dr. Jean Hughes RN, PhD, Professor, School of Nursing Dalhousie University, Research Scientist IWK Health Centre and Senior Researcher Healthy Populations Institute; Dr. Nicole Snow, PhD, RN, CPMHN (C), Assistant Professor, Faculty of Nursing, Memorial University of Newfoundland
Aspiration during Intramuscular Injections: A Call for Policy Implementation

Abstract

Introduction: Health-care professionals use aspiration during intramuscular (IM) injections to determine if a blood vessel has been accessed prior to medication administration (Swart, 2014). The World Health Organization’s immunization guidelines do not mention aspiration and Alberta Health Services (AHS) does not recommend the practice during immunizations (AHS, 2018); however, aspiration during other types of IM injections are not mentioned. There is currently no formal policy on this technique. Aspiration is inconsistently taught in nursing education but often observed in the clinical setting. This raised questions regarding best practice and patient implications of aspiration during IM injections. Purpose: In this review, patient experience of pain or discomfort, during IM injections was explored. Methods: Three databases were searched: The Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE and PsycINFO. Variations of key terms IM injection, aspiration, and patient experience (defined as pain or discomfort) were searched. A 20-year time frame was incorporated due to limited relevant primary research. Findings: Three of the seven located studies investigated aspiration-related pain; all conducted during immunizations. Two studies found aspiration causes pain in infants during IM injections (Ipp, Taddio, Sam, Gladbach, & Parkin, 2007; Girish & Ravi, 2014). Petousis-Harris et al. (2013) indicated aspiration does not significantly influence pain in adults. Additional pain-reducing techniques during IM injections were investigated in two studies. The results of a survey by Moores and Allan (2012) found awareness of aspiration-related pain is not prevalent among nurses. Thomas, Mraz, and Rajcan (2016) discovered 74% of surveyed nurses utilized aspiration over 90% of the time. Discussion: There is insufficient literature supporting aspiration during IM injections. Policy creation regarding IM technique would provide consistent, evidence-based practice. To reduce unnecessary pain during IM injections, we suggest aspiration not be performed during IM injections at the recommended injection sites.

Learning Outcome 1 After the presentation, the conference attendee will recognize current available guidelines and recommendations regarding aspiration during intramuscular injections.

Learning Outcome 2 After the presentation, the conference attendee will identify discrepancies in nursing education, practice, and guidelines pertaining to intramuscular injections and aspiration.

Learning Outcome 3 After the presentation, the conference attendee will recognize how available literature suggests aspiration during intramuscular injection can be a source of patient pain.

All Authors

Kathryn Kazoleas, BCS, GN, Calgary AB; Lina Becquer, GN, Calgary AB; Yiqi Jiang, GN, Calgary AB; Twyla Ens, RN, MN, CHSE, CCNE, University of Calgary, Calgary AB; Julia Imanoff, BSc, BScN, MN, RN, PNC(c), University of Calgary, Calgary AB
Abstract  The Ontario Public Health Standard’s goal is to reduce the burden of infectious diseases of public health significance. Case management is an essential community health nursing activity to ensure timely and effective detection, identification and management of cases and contacts. The Case Management teams within the Infectious Disease and Sexual Health Services (ID&SHS) program at Ottawa Public Health are responsible for the case management of all reportable STBBI’s, communicable diseases and enteric & zoonotic infections. A project team of nurses completed a comprehensive assessment of the case management practices within the ID&SHS program. The project objectives included:

- To increase understanding of current operational processes of case management practices within the teams
- To identifying opportunities for team integration and capacity building
- To identify synergies related to professional development, quality improvement, as well as primary care/community engagement.

The project utilized several data collection and validation methods including a literature review, evaluation matrix, staff survey, focus groups and a SWOT analysis. As a result of the assessment, several recommendations were made in the areas of quality improvement, client care and engagement, professional development, team integration, capacity building and community relationships.

Learning Outcome 1  Understand the case management assessment process and literature review findings

Learning Outcome 2  Understand professional development needs and priorities identified by Public Health case managers

Learning Outcome 3  Learn strategies to address key challenges for quality improvement and integration in Public Health case management teams

All Authors

Tara Mann, RN, MN, BNSc, CCHN(C); Amanda Bergeron, RN, Ottawa Public Health; Tracy Daly, RN, Ottawa Public Health; Juliana Fracassi, RN, Ottawa Public Health
Abstract Blood and body fluid exposure (BBFE) in the workplace and the community are important issues in containing the spread of blood-borne infectious diseases. The greatest concern about blood and body fluid contamination is the chance of contracting diseases such as hepatitis B and C and HIV/AIDS. Exposure to blood and body fluids can occur through blood splash, percutaneous injury by needles and sharps, human bite, stabbing, sexual assault and the transfusion of infected blood. This study aimed at identifying trends and proposing recommendations to prevent occupational and non-occupational exposure to blood and body fluid within the Northern Inter-Tribal Health Authority’s partners communities. Methods: The blood and body fluid incident report for NITHA partners from 2013 to 2017 were coded to generate data. The data were grouped as occupational and non-occupational exposure. The occupational exposure was sub-classified into needle/sharps injury, blood splash and human bite while the non-occupational exposure was subclassified into sexual assault, stabbing, needle exposure and a human bite. Descriptive analysis was then carried out on the data using Microsoft Excel and SPSS statistical software. Results: The result shows a continuous increase in accidental BBFE Incidents by the years. It was found that 73% of the overall exposure within 2013-2017 occurred in the community (Non-occupational), while 27% of the exposures were occupational. The analysis of the route of non-occupational exposure reveals that 53% of the exposures were due to needle injury, 21% was due to sexual assault while stabbing and the human bite was responsible for 17% and 9% respectively. The occupational exposure route showed that needle injury was responsible for 88% of the exposures, while human bite and blood splash were responsible for 6% each.

Learning Outcome 1 We were able to identify the trend of Blood and Body fluid exposure (BBFE) within the northern Saskatchewan First Nation communities

Learning Outcome 2 We determined that the prevalence of BBFE is high within the community (non-occupational) compared to the workplace (occupational).

Learning Outcome 3 Blood and body fluid exposure incidents in First Nations can be prevented if harm reduction interventions recommended in this study can be implemented

All Authors

Temitope Sandra Olafare, MPH(c),The University of Saskatchewan, School of Public Health, Saskatoon, Saskatchewan; Jame Paid, Communicable Disease Control Nurse, Northern Inter-Tribal Health Authority, Prince Albert, Saskatchewan; Carrie Gardipy-Mackenzie, Public Health Nurse Northern Inter-Tribal Health Authority, Prince Albert, Saskatchewan; Grace Akinjobi, Manager Public Health Unit Northern Inter-Tribal Health Authority, Prince Albert, Saskatchewan; Dr. Nnamdi Ndubuka, Medical Health Officer Northern Inter-Tribal Health Authority, Prince Albert, Saskatchewan
Breaking Down Barriers: Increasing Accessibility to Health Services for Substance Users

Abstract ‘The Works’ at this large urban health unit provides programs and services to reduce drug-related harm for people who use drugs. The Works offers: harm reduction supplies, consumption and treatment service (commonly known as supervised injection services), nursing services, counselling, opioid substitution therapy, naloxone and overdose response training, mobile outreach, and support for community agencies. As of January 2019, there were 31,694 visits to the consumption and treatment service alone since its conception in August 2017. Each visit is an opportunity to connect with clients to further understand their needs and goals. People who use drugs often face stigma and barriers when attempting to access the mainstream health care system. Delivering low threshold services requires mobilizing resources that are relevant to the unique needs of this population. Building strong relationships with internal public health programs and external community health agencies allowed for equitable distribution of services which increased clients’ capacity to improve their health and well-being. Participants will learn some of the successes, challenges and results faced in building partnerships, and ideas on how community health nurses can implement effective and innovative programming within their organizations to provide comprehensive client-centred care.

Learning Outcome 1 Learn about consumption and treatment services

Learning Outcome 2 Gain knowledge about the successes, challenges and outcomes faced when building relationships

Learning Outcome 3 Implement innovative strategies to meet the needs of vulnerable populations through partnerships

All Authors

Lucksika Sivakumar, RN, BScN, Toronto Public Health, Toronto, Ontario; Chloe Lee, RN, BScN, Toronto Public Health, Toronto, Ontario
Bridging the Gap Between Community, Clinic and Hospital for Parkinson's Disease

Abstract Parkinson's disease (PD) is a pandemic that has yet to be recognized in the nursing community. It is a complex disease that requires special knowledge above and beyond basic nursing education. PD is more than a movement disorder; it includes mental health challenges and many non-motor symptoms that affect the entire body. Not one person with PD looks like the other and not one PD progresses like another. With the aging population, more people will be diagnosed with PD. Three nurses knowledgeable in PD from Ottawa, Saskatoon and Winnipeg and across working environments of a hospital, a clinic and in the community have partnered to create a volunteer leadership team. Their aim is to build a 'Canadian Nurses Network Specialized in Parkinson's Disease' but more connectivity needs to be done. The mission is to connect all nurses who work with clients with PD with the goal to provide support and educational resources, developing guidelines, scholarship, research and advocacy. All to improve the quality of lives for people living with PD and their caregivers/families.

Learning Outcome 1 Describe how Parkinson's disease creates specific and unique needs for this patient group in the community setting.

Learning Outcome 2 Discuss how the Canadian Network of Nurses Specialized in Parkinson's Disease is forming to address these needs.

Learning Outcome 3 Identify how a nursing network that partners across care settings has the potential to help PD patients.

All Authors

Gigi van den Hoef, BSc, RN, CCRP, MSL & RN Consulting, Ottawa, Ontario; Sarah Bocking, RN, BSN, MSc, Saskatchewan Movement Disorders Program, Saskatoon, Saskatchewan; Kelly Williams, RNBN, GNC(c), Movement Disorder Clinic-Deer Lodge Centre in Winnipeg, Manitoba
Building Organizational Capacity for Health Equity Action

Abstract Organizations require robust infrastructure to address the social determinants of health and health equity. In spite of calls for a stronger health system orientation towards health equity action, there are limited evidence-based strategies for developing health equity capacity within organizational and public health systems. To respond to this need, we are implementing a participatory initiative with researchers, practitioners and public health organizations to identify frameworks, strategies and organizational conditions that support organizational capacity for health equity action. Organizational capacity for health equity, the ability of an organization to identify existing health inequities and act to reduce them, is a key area of investment for health organizations. In pursuit of health equity, organizations must assess and build their organizational capacity to engage in deep and sustained action. During this session we will discuss components of organizational capacity needed to enable health equity action. Participants will learn about elements of organizational health equity capacity and a multi-level approach to organizational change. Delegates will be introduced to the experiences of public health organizations developing organizational-level change activities to support action to improve health equity. These examples will include the implementation of a health equity lens in the reporting, monitoring and surveillance practices related to the overdose crisis and the experience developing framework for community engagement as a means of reducing health inequities.

Learning Outcome 1 Describe domains of organizational health equity capacity

Learning Outcome 2 Identify how organizations can develop a multi-level approach to organizational change to support health equity action

Learning Outcome 3 Disuactical examples of public health organizations building capacity for health equity action

All Authors

Sume, Ndumbe-Eyoh, MHSc., National Collaborating Centre for Determinants of Health, Toronto, ON
Can Providing Perinatal Care for Vulnerable Populations in The “Client Community” Foster Improved Communities of Inter-Professional Collaboration, Knowledge, Care, and Outcomes?

Abstract Issue: Comprehensive, inter-disciplinary and community based perinatal care has the potential to improve health outcomes for women, their infants, and communities. However, barriers and inequities to care exist for the most vulnerable of this cohort. Most perinatal care is provided in hospital or physician clinic settings which is among the significant barriers. These settings can have a negative and/or traumatizing impact that can lead to poor attendance for care, which then limits health promoting actions. There is an identified need for increasing community based programs as a solution toward improved perinatal outcomes. Findings from background studies: While research has shown the benefits of midwifery type care to fill such gaps, the funding and professional models in Canada have somewhat limited access to those who may benefit the most. More recent evidence suggests that the midwifery model, founded on the principles of continuity of care, individualized and respectful care, longer appointments which facilitate knowledge sharing, collaboration and active participation of families, choice of birthplace, and, care in diverse settings within a community, needs to be more universally accessible. Solutions: As of 2018, one Community Health Center within the North West Ontario Local Health Integration Network [LHIN] initiated an Expanded Midwifery Care Model program. The Midwifery led inter-professional project intends to build practitioner expertise for clinical reasoning and judgement in recognizing client assets and needs, as well as interpreting and responding to health inequities relevant to their communities. Simultaneously the program hopes to enhance self-efficacy of clients by focusing on strengths and solutions, recognizing the client’s expertise in their own lives. Key Learning: Building a perinatal community model of care will foster enhanced inter-professional collaboration, care and knowledge, while providing learning opportunities for existing and future healthcare providers to the benefits of “client community of care” models on health outcomes.

Learning Outcome 1 Identify the importance of inter-professional collaboration and continuity based care for improved perinatal outcomes

Learning Outcome 2 Have an enhanced understanding of barriers to care for vulnerable populations and how these contribute to poor health outcomes

Learning Outcome 3 Understand the significance of increasing "client community" based perinatal care programs

All Authors

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Canadian Women's Contemporary Experiences Accessing Abortion

**Abstract** The purpose of this session is to understand Canadian women’s contemporary experiences accessing abortion. Abortion is a fairly common experience for Canadian women, and for which they seek care from health care professionals, including nurses. While many women seek abortions, barriers to abortion access are known to exist and continue. In July 2015, amidst these barriers, substantial changes to the Canadian abortion landscape occurred, when Health Canada approved the long-awaited gold-standard abortion pill, mifepristone (RU-486). The last five years have also seen important political changes to the abortion landscape in the provinces of PEI and New Brunswick. This session is based on my in-progress Master of Science in Nursing thesis study which uses qualitative, critical feminist, and narrative methodologies to examine women’s stories about accessing abortion. Seven Canadian women, from various cities, across three Canadian provinces, who had abortions between July 2015 and July 2018, participated in hour-long interviews, exploring their contemporary experiences accessing abortion. Across women’s narratives, person-centered care was a recurrent theme. Sub-themes from women’s abortion narratives, explored in this session, include: abortion as a hard choice, women as knowers of their own bodies, women’s desires to maintain their identities, women wanting choice and agency in their abortion experiences, and links made between women’s abortions and their earlier reproductive experiences, including, motherhood. Connections between abortion access and reproductive health justice will be examined through the lens of nursing work and nursing’s metaparadigms of person, environment, health, and nursing. Opportunities for care providers, health care systems, and reproductive justice, based on the theme of person-centered abortion care, will be discussed. The anticipated learning outcomes of this session are: to explore Canada’s current abortion landscape, and develop an understanding about how nurses can act as facilitators of women’s access to abortion.

**Learning Outcome 1** To gain an understanding of some contemporary experiences of Canadian women who access abortion.

**Learning Outcome 2** To participate and dialogue about abortion, thereby acting to diminish the silence that often accompanies women’s experiences of abortion.

**Learning Outcome 3** To enhance opportunities for client-centered reproductive health care, based on client narratives.

**All Authors**
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Circle Works: Promoting Indigenous Health and Well-Being in Undergraduate Community Based Nursing Education

Abstract In 2015, The Truth and Reconciliation Commission of Canada issued the following call to action “We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.” (Truth and Reconciliation Canada. 2015. P.7) Our intent, as indigenous nurse educators who share a practice background in the promotion of indigenous health and well-being, is to engage conference participants in an experiential circle similar to what our students experience as they explore concepts and practices associated with the promotion of indigenous health and well-being in their BSN education. We anticipate that meaningful, structured and intentional, integration of indigenous knowledges and community health nurses’ knowledges promote understandings of health and well-being that prepare or students to participate in the building of relationship and partnership with indigenous people. We suggest that circle is one such strategy as the process invites self-reflection, ‘two-eyed seeing’, and leading to culturally respectful conversations. This approach is aligned with participant outcome objectives of the conference, namely to “acquire practical tools, products and processes to advance practice” through education, to “continue our learning about Indigenous health”, and to “promote quality improvement” in how we understand indigenous health. We will provide an opportunity to learn about circle and how you might apply this to your own work as you experience circle with us.

Learning Outcome 1 Collectively experience circle as a self-reflective approach to learning about and partnering with indigenous community

Learning Outcome 2 Identify ways to engage in best strategies of circle use

Learning Outcome 3 Appreciate “two eyed seeing” as a way to continue to learn about Indigenous health and well-being as community health nurses

All Authors

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Client Centred Care in a Correctional Setting

**Abstract** Abstract (276 words) Community Health Nursing offers diverse opportunities for Nursing Practice and working with people where they live. Our interest in this presentation, is to promote and improve the visibility of nursing in corrections health care. In our correctional setting, nursing is ever mindful of the determinants of health, working from a model of care that is client centered and incorporates harm reduction. This setting requires strong leadership and advocacy skills, along with a firm understanding of the therapeutic relationship and communication skills and an interest in quality improvement. In the last couple of years in New Brunswick, nursing in the Correctional setting has been undergoing much review, planning and implementing many changes to provide a much more standardized, safe and quality driven, ethical care for clients who live in this community. We are on a journey! We have moved from a systemic review; to developing and publishing NB’s first provincial correctional nursing standards in 2017; to changing staffing model to include RN and LPN in collaboration (2018); to building new or stronger partnerships with Department of Health – Addiction and Mental Health and Department of Public Safety to review and build good addiction and mental health care services for those who live in this community and so they may transition safely back to their home community (2018-19). We are involved in direct client care; service and program development; quality improvement initiatives and clinic development and management which all sync up with your conference themes of client centered care, quality improvement and demonstrating leadership. We would appreciate the opportunity to share and discuss our experiences and outcomes while promoting community health nursing in this often overlooked community setting.

**Learning Outcome 1** Appreciate mental health an Opioid addictions in correctional setting

**Learning Outcome 2** Understanding the barriers faced in correctional settings

**All Authors**

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Climate Change, Displacement and Health: Assessing Vulnerability, Building Capacity and Advocating for Healthy Public Policy

Abstract In 2016, over 24 million people worldwide were displaced by climate-related events. Across Canada, during the summer of 2018, extreme weather contributed to forest fires in British Columbia, tornadoes in Manitoba and Ontario and extensive flooding in New Brunswick. The frequency and intensity of extreme weather events is expected to increase as the climate continues to change. Climate-related hazards such as droughts, floods, extreme temperatures, and severe storms have both direct and indirect effects on health as individuals and at times entire communities are forced to evacuate. Sudden displacement can lead to a loss of social cohesion, loss of family income, risks to food security, and a loss of access to supports and services. Vulnerable people, such as the elderly, chronically ill, children and pregnant women are at increased risk. This presentation presents an overview of the current evidence on climate change, displacement and health. The role of the community health nurse in assessing the vulnerability of individuals and communities to climate-related events will be discussed. Strategies to reduce vulnerability and build capacity to adapt and respond to climate-related hazards will also be highlighted. Finally, the importance of public policy in addressing climate change will be argued.

Learning Outcome 1 Discuss the relationship between climate change, displacement and health.

Learning Outcome 2 Identify strategies to reduce vulnerability and build capacity of individuals and communities to adapt and respond to climate-related hazards.

Learning Outcome 3 Discuss the role of public policy in addressing climate change.

All Authors

Catherine Baxter, RN, PhD, Brandon University, Brandon, Manitoba, Canada.
Climate Driven Infectious Diseases: Developing E-Resource for Undergraduate Nursing

Abstract There is clear evidence that climate change is increasing the risk of vector-borne infectious disease affecting the health of populations nationally and globally. The Canadian Association of Schools of Nursing (CASN) secured Public Health Agency of Canada funding for a project with the goal of increasing the knowledge of the effects of climate driven infectious diseases on population health amongst nurse educators, and to foster the integration of this knowledge into Canadian nursing undergraduate education programs. To achieve this goal, CASN is developing an evidenced-informed, consensus-based education guideline for nursing education that will be developed to build their knowledge and capacity to engage in public health activities related to infectious diseases as a result of climate change. In addition, an electronic resource (e-resource) containing a series of online modules accessible by educators and students will be created. This work is being guided by a national Advisory Committee of nurse educators, community health nurses, and other key stakeholders. Using a crowd sourcing technique, participants will engage in discussion and generate ideas for curricular e-resources on climate driven infectious diseases and compile the group’s boldest actionable ideas to inform the work of the Committee, considering the following questions: What content should be included in an e-resource designed for nurse educators and students? What elements, technical or otherwise, would ensure that educators and students meaningfully engage with the e-resource?

Learning Outcome 1 Expand understanding about climate driven infectious diseases in community health nursing practice development

Learning Outcome 2 Identify content needed for e-resources on climate driven infectious diseases for educators and students

Learning Outcome 3 Choose the best methods to advance the integration of the e-resources into Canadian nursing education programs

All Authors

Ruth Schofield, RN, MSc (T) McMaster University; Cheyenne Joseph, RN, New Brunswick; Andrea Chircop, PhD, RN Dalhousie University; Marie Dietrich Leurer, PhD, RN, University of Saskatchewan; Cynthia Baker, PhD, RN, CASN, Executive Director; Leeann Whitney, Project Manager Expansion--Health Equity Clinic
Co-Creating Solutions for the Erosion of CHN Content in Undergraduate Nursing Education

**Abstract** Issues and project purpose: Data from recent national surveys reveal patterns of erosion in community health nursing content in Canadian undergraduate nursing curricula. The Community Health Nurse Educators Canadian Association of Schools of Nursing Interest Group suggests that addressing this trend is a priority for nursing education. The purpose of our project is to engage conference participants in a solution-focused dialogue during an open session using the 5-3-1 technique (see below) to harness the collective power of community health nurses to generate innovative strategies on how to further prevent and reverse this erosion. Community health nurse input is a vital part of the evidence needed to demonstrate why undergraduate curricula deficit must not continue, and how it can be countered. Finding solutions: (how is it actionable?) We anticipate that meaningful, structured and intentional, solution-focused conversations will tap into the collective expertise of conference participants and promote identification of best strategies to address the erosion and strengthen community health nursing theory and practice in undergraduate nursing curricula. This approach is aligned with participant outcome objectives of the conference, namely to “acquire practical tools, products and processes to advance practice” through education, to “strengthen CHN visibility and identity”, and to “discover innovative leadership strategies”.

**Learning Outcome 1** Collectively identify strategies to address the erosion of community health nursing undergraduate curriculum content

**Learning Outcome 2** Identify best strategies to prevent and reverse this trend

**Learning Outcome 3** Determine a dissemination plan to schools of nursing and other relevant stakeholders for the best approaches identified

“All Authors

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Community Engagement as a Means to Address Marginalization and Reduce Health Inequities

Abstract Public participation exists on a spectrum, including passive forms as well as more transformative collaboration and empowerment (International Association for Public Participation Canada). Community engagement (CE) is a form of public participation in which citizens work on behalf of their communities to identify issues of importance and generate solutions (Tamarack Institute). CE ideally shifts power from formal institutions to community members to influence decisions and is a critical strategy to identify both sources and solutions to health inequities. Research reveals that CE improves outcomes for the broader community (O'Mara-Eves, 2013). CE with marginalized populations is important to understand both their unique needs and contributions to tailor programs and services. This requires an emphasis on how to eliminate process and practices that lead to marginalization. Community and public health nurses benefit from skills, resources, and methods for CE that is meaningful and participatory to inform decision making on actions to address health inequities. This participatory workshop will explore CE as a means to reduce the marginalization of populations most impacted by health inequities. Speakers will reflect the necessary shift from seeing the community as more than just a target audience for service delivery to drawing on them as a resource to inform community health priorities. Practice-based examples of CE strategies with marginalized populations to address health equity will be highlighted. Barriers and opportunities to CE, effective ways to establish and maintain engagement with communities, identification of stakeholders, and the importance of evaluating CE will also be explored. This workshop will support community health nursing programs and services to meet the needs of marginalized populations as well as take action on factors that contribute to health inequities.

Learning Outcome 1 Discuss concepts of community engagement and how they apply to community and public health practice

Learning Outcome 2 Identify tools and mechanisms to develop and support community engagement to address health inequities

Learning Outcome 3 Describe strategies to reduce marginalization in community and public health program planning and decision making

All Authors

Dianne Oickle, Knowledge Translation Specialist National Collaborating Centre for Determinants of Health
Community Health Nurses Solving Problems Around Sexually Transmitted and Blood Born Infections in Canada

Abstract Sexually transmitted and blood borne infections (STBBI) continue to be a significant and increasing burden in Canada in 2019. Canada has committed to global elimination targets to decrease STBBIs in the 2018 Pan-Canadian STBBI Framework for Action. Early detection and treatment will be necessary to stop onward transmission of STBBIs. This will require increases in STBBI testing rates which are currently low across Canada. Health care providers will need to consistently inquire about sexual health and opportunities for transmission during health assessments. Community health nurses (CHN) are face to face with clients everyday and in some provinces, nurses now have the legislative ability to test and manage STBBIs (see Provincial legislation). This means CHN’s have the ability to expand client centred STBBI testing capacity and to eliminate STBBI stigma in holistic community health settings. A fishbowl session is proposed where 15 minutes will be used to present the issues of STBBIs in Canada. CHNs will have the opportunity to ask questions for 15 minutes. The remainder of the session will be to engage the participants in discussion with the intent of participants providing ideas for implementable solutions for increasing STBBI testing in community health environments in Canada. Key learning outcomes are 1) The individual and public health impact of STBBI testing, 2) the impact of stigma on STBBI burden of disease, 3) STBBI assessment strategies, 4) Identification of relevant STBBI testing and management guidelines in Canada and opportunities for additional learning, 5) the role of community health nursing in STBBI testing, and 6) exchanging and learning from each other about potential community health nursing strategies to increase STBBI testing in Canada. This abstract addresses the themes of advocacy for healthy public policy, client centred care, quality improvement, and advancing CHN roles.

Learning Outcome 1 Understand the individual and public health impact of STBBI testing, including the impact of stigma on STBBI burden of disease.

Learning Outcome 2 Understand and articulate the potential roles of the community health nurse in STBBI testing.

Learning Outcome 3 Understand STBBI assessment strategies.

All Authors

Jami Neufeld, RNBN, MPH Project Manager National Collaborating Centre for Infectious Diseases
Abstract Issue: being prepared to work in a rural setting, personal study and experience of being a new nurse to the north. Findings: need a support system and training program for rural northern nurses. Perhaps a program in the north with a focus on rural and remote practices. Abstract: Being a community health nurse (CHN) in the northern remote parts of Nunavut and Northwest Territories (NWT) can be a very rewarding experience, but it has its challenges. This session will consider the issues of rural and remote Community Health Nursing (CHN). We will look at the challenges, experiences and learning of the speaker as she went to a northern and remote village in northern Nunavut. She will identify the role of the remote CHN, as well as the unique challenges faced when going north. The speaker, will also look at some of the perceived thoughts versus the realities of working in the northern remote regions of Nunavut and Northwest Territories (NWT). We will also look forward into the future of how Community Health Nurses play such key roles in providing health care to the people in the north. Finally, we will address how community health nurses are one of the most powerful and respected resources in the north; how CHN’s are the forerunners of change for the people of the north.

Learning Outcome 1 What is it like to be a community health nurse (CHN) in the north- a first hand recollection from a northern CHN to share her experiences and thoughts on northern and remote nursing.

Learning Outcome 2 Professional and personal challenges of outpost nursing

Learning Outcome 3 How we can prepare to be better practitioners in the north and bring about change - self preparedness, support networks, education, service to the people.

All Authors

Suzanne Buchanan, RN, BScN, Government of Nunavut, Lethbridge, Alberta
Community Health Nursing Leaders in System Transformation

**Abstract** Systems transformation requires leadership strategically used to create preferred or required changes. This leadership capacity is integral to the expected practice for community health nurses (CHNs) in the Canadian Community Health Nursing Standards of Practice (revised 2019) and in the knowledge and skills for public health nursing leadership in the Leadership Competencies for Public Health Practice in Canada (2015). Within systems transformation, leaders begin to comprehend how they perceive change and what change means. Through reflection, leaders can gain insight on changes and when they decide to act on them. Moreover, leaders consider social justice and health equity within system transformation to foster truth, understanding, respect and reconciliation among Indigenous and non-Indigenous peoples. To promote healthy public policy and challenge structural changes, it is important to collaborate and partner with others to integrate relevant players, knowledge and expertise.

Public health nurses in particular witness growing social inequities and injustice regarding social determinants of health for Indigenous and non-Indigenous clients and populations on a daily basis. Systems transformation competencies are required to address these issues using cultural safety and humility, knowledge translation, guided change, systems thinking, critical thinking and advocacy. In an interactive full-day pre-conference is planned focusing on system transformation with an esteemed panel of CHN nursing leaders including Cheryl Cusack, Claire Betker, Josephine Etowa, Lisa Perley-Dutcher and May Tao. In addition, a facilitated hands-on activity with Joan Reiter will enhance leadership capacity in applying a quality improvement tool to a health equity case study related to Indigenous health. This will assist participants to advance leadership development in system transformation among frontline nursing practice, education and administration.

**Learning Outcome 1** Discover the Canadian settler history as Indigenous and non-Indigenous peoples through the blanket exercise

**Learning Outcome 2** Describe leadership competencies for systems transformation

**Learning Outcome 3** Explain strategies and tools to support systems transformation and reduce health inequities

**Learning Outcome 4** Apply system transformation strategies addressing health inequities through practice examples

**All Authors**

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Creating Health Equity: A Community Development Demonstration Initiative

**Abstract** People with developmental disability remain among the most vulnerable in our population. This is in spite of advances in health care and improved quality of life opportunities. As a result of the deinstitutionalization movement more people with developmental disability are living the community within their family home or residential support living. In addition, people with developmental disability are living longer. They are accessing mainstream health care in an effort to meet their ‘typical’ health needs as well as those they experience as age related health issues. Mainstream service models are unable to meet the health care needs of this group in a meaningful person centered way. This is confirmed by the health disparity this population experiences related to a preventable mortality rate that is six times higher than a similar group of people without developmental disability. To help bridge the gap in care and offer an opportunity to achieve equitable health outcomes, an integrated comprehensive health service is being developed in Winnipeg in partnership between St.Amant and Centre de Santé St. Boniface. This is a demonstration initiative which opened in May 2018 and is funded for two years through a Winnipeg Foundation Grant. We anticipate that this initiative will demonstrate a value-added service within the province.

**Learning Outcome 1** Raise awareness to the gaps in community health practice as they relate to people with developmental disability

**Learning Outcome 2** Identify the specific practice guidelines for adults with developmental disability

**Learning Outcome 3** Understand what is needed to help people with developmental disability gain access to comprehensive, best practice and integrated community based health services

**All Authors**

Kerry Heather, RN, BScN, MN, St. Amant, Winnipeg, Manitoba
Mentorship: A Leadership Development Strategy

Abstract Mentorship is an important tool in developing effective nursing leaders. In 2015 the Leadership Competencies for Public Health Practice in Canada were released. They describe the knowledge, skills and attitudes necessary for public health nursing (PHNs) leaders within the public health domain. Furthermore, the LEADS framework (CCHL, 2013) informs both the leadership competencies for public health nursing practice and leadership development for all community health nurses (CHNs). Through the CHN Leadership Institute mentorship program CHNs can use a leadership framework to foster leadership development to influence, motivate, and enable others to take action on social determinants of health as agents of change. A literature review conducted by Community Health Nurses of Canada through the CHN Leadership Institute, identified elements of a successful mentorship program. Based on this literature review, a pilot leadership mentoring program was developed and implemented in 2018-2019. In this network café participants will learn about the roles and expectations of mentors and mentees, process and resources available, and the results of the first-year pilot project. Join us in this interactive network café as we participate in the development of a leadership mentoring program.

Learning Outcome 1 Describe the development and implementation of the pilot leadership mentoring program

Learning Outcome 2 Explain mentoring as an opportunity for leadership development

Learning Outcome 3 Summarize the benefits and challenges of the mentoring program evaluation

All Authors

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Determinants of Adherence to National Policies on Infant Feeding Among HIV+ Black Mothers: A Multi-Country Logistic Analysis

Abstract BACKGROUND Adherence to national guidelines on infant feeding remains a critical factor for HIV free child survival among Black mothers living the virus globally. This paper presents the findings of a recent study that examined infant feeding practices of mothers living with HIV. It provides analysis of the socioeconomic, sociocultural and psychosocial factors impacting on adherence to the national guidelines for infant feeding by HIV+ mothers in Canada, United states and Nigeria.

METHODOLOGY Using a cross-sectional multi-country survey, this study explored a venue-based convenience sample of HIV+ Black mothers’ (N= 690) drawn from Canada, USA and Nigeria. Adherence to national guidelines on infant feeding was a dichotomous dependent variable (measured as: adhering to guidelines =1 or not adhering=0). Determinants of adherence to national guidelines for infant feeding were analysed using a binary logistic regression model, with sociocultural and psychosocial factors as independent variables. FINDINGS At P<0.05, the logistic regression analysis showed that six independent variables in the model were significant. Increase in IOWA infant feeding attitude scores (OR=1.10) and motherhood scores (OR=1.08) were positively associated with adherence to the national guidelines. Conversely, increase in hyper-vigilance scores (OR=0.925) is negatively relatedly to adherence to national guidelines. Sociocultutrally, high ratings of spouses (OR=1.104) and health providers (OR=2.429) have independent and positive association with adherence to national guidelines. High ratings of cultural beliefs by the mothers reduced the probability of adherence to national guidelines. Socioeconomically, mothers on salaries (OR=2.620) were more likely to adhere to guidelines than those who without salary. CONCLUSION Positive infant feeding attitude and a strong sense of motherhood foster adherence to national guidelines whereas HIV+ mothers experiencing hyper-vigilance and stress are less likely to adhere to guidelines. This calls for targeted intervention to address infant feeding related stress in this population.

Learning Outcome 1 Understand the the key factors of adherence to national guideline on infant feeding among HIV+ mothers in three countries

Learning Outcome 2 Make inference about the level of adherence to the guideline

Learning Outcome 3 Evaluate the guidelines and make suggestions for healthcare and policy makers

All Authors

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Disrupting Education: Cultural Safety in Community Health Nursing

Abstract The CHNC Position Statement: Community Health Nursing Education states that we must prepare students to work with diverse populations. The Canadian Association of Schools of Nursing and the Canadian Nurses Association now recommend that undergraduate nursing students receive cultural safety education. Yet, despite our attention to culture and good intentions, how “working with culture” is taught, learned, and experienced by students, and ultimately practiced by nurses remains problematic, and there is limited evidence that a cultural safety approach has been implemented in education or practice. The purpose of this presentation is to discuss the opportunities and challenges associated with experiencing and teaching cultural safety for nursing students and faculty. Unlike cultural competence, where the focus is on assessing the skills and knowledge of nurses, culturally safe care is experienced and defined by the client. The power to declare what is respectful and appropriate care, and who is the expert, is highly disruptive as it no longer resides with care providers. This means that education that is culturally safe is experienced and defined by our students, not faculty. Cultural safety education is not comfortable. It involves hard conversations about assumptions, privilege, stigma and discrimination in both our academic and everyday lives. We will explore the need for safe spaces, the willingness and processes to be deeply reflective, and the changes required in the structures of our institutions. Students who experience their nursing education as culturally safe will be much better prepared to practice cultural safety with their clients. Community health nurses practice in a variety of settings across levels and sectors. A cultural safety approach provides the means for more honest, authentic and socially just relationships and partnerships with our students, clients and colleagues.

Learning Outcome 1 Explain the differences between cultural competence and cultural safety.

Learning Outcome 2 Discover techniques for teaching cultural safety.

Learning Outcome 3 Identify opportunities and challenges to implementing a cultural safety approach.

All Authors
Kathryn Edmunds, PhD, RN, University of Windsor, Windsor, ON
Engaging the Dis-engaged in a Rural Nova Scotian Community

Abstract The impetus for our community initiative arose from frustration with low attendance at community events sponsored, created and delivered by a small cadre of local volunteers in a rural community in Nova Scotia. It became apparent that they lacked an understanding of why their close knit community was disengaged. Many agreed that older community members were socially isolated in their homes. The community had recently suffered many losses such as closure of their gypsum mine, loss of their pulp export business, closure of many churches and amalgamation of a number of small communities who previously had been distinct communities. The urgency to re-create a healthy, thriving community was a priority among community members. They were concerned regarding the social isolation that existed for many in the community. The detriment of social isolation is well documented in the literature. Lack of civic involvement and social isolation have a profound negative effect on a person’s and a community’s health (Atkociuniene, Vaznoniene & Pakeltiene, 2015). A number of community members emerged as community leaders and are invested in the initiative to re-establish a thriving community and are committed to the well being of all community members. Data collection is about to commence and in the next few months should yield rich data that should enhance an understanding of what is preventing community members from engaging in their community. An action plan to address deficiencies and concerns will be created by community leaders in the steering committee. It is expected the findings shall provide useful information related to information sharing and allow the development of tailored strategies to reduce social isolation and enhance community wellness. Community Health Nurses may be able to use the findings and the action plan for community events as well as to determine issues that are important to the community.

Learning Outcome 1 Describe the importance of using leadership skills and engaging community leaders when working to enhance a community

Learning Outcome 2 Discuss the importance of a needs assessment to ascertain real rather than perceived concerns in a community

Learning Outcome 3 Pledge to a commitment to become engaged, in some way, in your community

All Authors
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Harnessing the Experience of Nursing Subject Matter Experts and Community Health Educators in Undergraduate Community Health Nursing Education

Abstract This session will share how a university nursing faculty engaged nurse consultants from Public Health Ontario (PHO) to enrich an undergraduate community health core course module. Through this collaboration, students learned about the role of public health nurses in immunization and vaccine preventable disease (VPD) prevention and control and how they contribute to immunization program surveillance and evaluation. The Community Health Nursing Standard of Prevention and Health Protection (CHNC, 2011), was used as a theoretical basis to frame the class content and the following principles guided the collaboration between faculty and PHO nurse consultants. • Review of course requirements and learning objectives suited to collaboration with PHO nurse consultants. • The use of case scenarios to demonstrate the role of public health nursing in the management of VPDs and adverse events following immunization. • Sharing public health surveillance knowledge products to contextualize and impart the value of community and public health nursing care. During the session, students worked through a VPD case scenario; applying primary, secondary and tertiary prevention strategies. Using the lens of a public health nurse, students explored literature on vaccine hesitancy and pain management during vaccine administration as well as the nurse’s responsibilities in school-based immunization clinics. This collaboration between faculty and PHO nurse consultants has implications for nursing practice because it permitted greater exploration of roles in community and public health nursing for students. Additionally, students were able to recognize the role of nursing in immunization and disease surveillance, as well as the added value of this information for program planning and evaluation.

Learning Outcome 1 Identify the added value of nurse educators collaborating with nursing subject matter experts in presenting realistic class content.

Learning Outcome 2 Explain the contributions of community and public health nurses in reporting surveillance data for future health care system decisions

All Authors

Nancy McGee, RN, MS, Ryerson University, Toronto, Ontario; Margaret McIntyre, RN, BScN, MN, Public Health Ontario, Toronto, Ontario; Whitley Meyer, RN, BScN, MPH, Public Health Ontario, Toronto, Ontario
Harnessing the Power of CHNs to Promote Truth & Reconciliation: Exploring Roles & Sharing Experiences

Abstract The Issue: The 2015 report of the Truth and Reconciliation Commission of Canada (TRCC) contained 94 Calls to Action to redress the impact of colonization, and to advance the process of reconciliation. The TRCC report concluded that this process will require action at the personal, organizational, and community levels. Responding to the Calls to Action is in alignment with existing public health strategic priorities and/or standards of practice related to decreasing inequities in health between populations in their regions or communities. However, reconciliation will require unique strategies to address the barriers to health equity that disproportionately impact Indigenous people. This session will explore the ways in which CHNs are supporting/may support the implementation of change toward reconciliation in their organizations and/or individual practice, including both personal and organizational challenges and possible ways forward. Objective of Session: This interactive session is intended as a means of opening dialogue about Truth and Reconciliation among CHNs (clinicians, educators and researchers). It is designed to ensure maximum opportunity for participants to share their thoughts and experiences by using a 1-hour Talking Circle format. This Indigenous model encourages dialogue, respect, co-creation of learning, and social discourse. One presenter will facilitate the discussion, beginning by briefly outlining general principles of a talking circle, and posing questions that participants may want to reflect upon (a handout with a list of these questions will be circulated). She will then pass a ‘talking stick’ to the person next to her, who will pass it to the person next to them, and so on. Participants may or may not choose to speak. The other presenter will summarize key takeaway messages before the session ends. Implications for Nursing Practice: CHNs are well positioned to support reconciliation efforts. This discussion will advance understanding of CHNs’ potential roles in this process.

Learning Outcome 1 Participants will gain self-awareness about the role(s) that they are playing in promoting reconciliation—including identifying their current sense of personal agency and uncertainties or challenges faced.

Learning Outcome 2 Participants will be able to describe at least two potential CHN roles in promoting reconciliation.

Learning Outcome 3 Participants will be able to describe at least one initiative to promote reconciliation from another jurisdiction/organization than their own, and the role(s) of CHNs in this initiative.

All Authors

Benita E. Cohen, RN, PhD, Associate Professor, College of Nursing, Faculty of Health Sciences, University of Manitoba, Winnipeg, MB; Francine Laurencelle, RN, DHA, Senior Instructor, College of Nursing, Faculty of Health Sciences, University of Manitoba, Winnipeg, MB
Harnessing the Power of Community Health Nurses in Evidence-Informed Practice

**Abstract** Creating a culture of excellence in community health nursing practice is essential for improved outcomes. Excellence requires appropriate and consistent application of evidence. The use of evidence, an expectation for community health nurses, is detailed in the Canadian Community Health Nursing Standards of Practice. Innovative nursing leadership is needed to ensure capacity to support evidence-informed practice. This large urban health unit was designated as a Best Practice Spotlight Organization (BPSO®) to ensure that evidence-informed guidelines are implemented and evaluated. BPSO® collaborated with library services to enable increased reliance on higher levels of evidence. Public Health Nurses (PHNs) received support on developing effective and comprehensive search strategies; and innovative professional development strategies helped with learning the concepts of: evidence-informed decision making; critical appraisal of literature; and analysis of research data. PHNs increased competence and confidence in searching for and applying evidence. Evaluation demonstrated a positive impact on the organization in a) acquiring new research knowledge; b) systematically integrating evidence into practice; and c) contributing to an evidence-informed culture. In addition, there is a marked increase in the use of evidence, improved interprofessional collaboration, and documented sustainability of the improvement projects. This presentation will illustrate how all community health organizations can adapt these new strategies to build an evidence-informed culture, and ultimately make a difference in the health of Canadians.

**Learning Outcome 1** Describe how innovative leadership strategies contribute to the development of an evidence-informed culture.

**Learning Outcome 2** Learn about the successes and challenges of implementing these strategies.

**Learning Outcome 3** Engage in a dialogue to identify how to implement similar initiatives in their organizations.

**All Authors**

May Tao, RN, BScN, MSN, CCHC(C), Toronto Public Health, Toronto, Ontario
Harnessing the Power of Community Health Nursing Within a Context of Reconciliation and Indigenous Self-Determination

Abstract
This presentation explores the role of the Chief Nursing Officer within a context of reconciliation and devolving control of health services in Indigenous communities. The Government of Canada is committed to achieving reconciliation with Indigenous Peoples; enacting the recommendations of the Truth and Reconciliation Commission; implementing the UN Declaration on the Rights of Indigenous Peoples; and supporting self-determination so that health services are delivered, designed, and controlled by and for Indigenous Peoples. In this commitment to achieve reconciliation, the role of community-based nurses is evolving and has transformed to support Indigenous Peoples in transitioning to self-determination. Nurses providing health services in Indigenous communities play a key role in addressing health inequities and in integrating Indigenous ways of knowing to the delivery of quality client care. Additionally, they have become important partners with Indigenous communities in: designing and delivering services; forming strategic relationships; and addressing the social determinants of health. The role of the Chief Nursing Officer has been established to provide leadership to nurses and expert advice across Government in relation to nursing issues within a context of reconciliation and Indigenous self-determination. This role further aims to apply a nursing lens while incorporating Indigenous ways of knowing, and creating culturally safe care for Indigenous Peoples within the healthcare system.

Learning Outcome 1
This presentation will discuss the implementation of the Chief Nursing Officer role and how it can support nursing’s contribution in addressing health inequities within a context of devolving control of health services in Indigenous communities.

Learning Outcome 2
How the Chief Nursing Officer role can support nursing’s contribution in integrating Indigenous ways of knowing and cultural safety care within a context of devolving control of health services in Indigenous communities.

Learning Outcome 3
How the Chief Nursing Officer role can support nursing’s contribution in supporting indigenous self-determination within a context of devolving control of health services in Indigenous communities.

All Authors
Robin, Buckland, RN MScN, Executive Director and Chief Nursing Officer, Indigenous Services Canada, Ottawa, Ontario
Harnessing the Power of Nurses’ Critical Thinking to Reduce Polypharmacy Risk in BC First Nations Communities

Abstract Medications are a basic component of health care. However, the risk in taking multiple medications can sometimes outweigh the benefits; also called polypharmacy. One in nine emergency room visits are related to medication related adverse events resulting in more hospital days and more outpatient care. The cause of polypharmacy is complex and requires an interdisciplinary approach to reduce the risk. Historically, the approach has rested with prescribers and pharmacists without significant outcomes. Missing from the solution has been nurses and clients. Community health nurses, working in collaboration with the client, pharmacist and prescriber is the way to move forward. In the BC First Nations population, over 20 percent take more than 10 medications. We explored with Elders how to increase conversations between people and their health care providers. Secwepemc Elders created the Coyote’s Food Medicines story and video, using traditional knowledge and humour to share wisdom on medication overuse and its risk to health. Through the sharing of these resources, community health nurses have a strategy to explore clients’ values to guide medication reconciliation and medication review. It is past time for community health nurses to harness their power and influence a reduction in drug utilization for all Canadians. Learn how one province created a strategy for First Nations people.

Learning Outcome 1 Identify the impact of polypharmacy on their clients

Learning Outcome 2 Understand the pivotal role community health nurses play in polypharmacy risk reduction

Learning Outcome 3 Determine next steps to moving forward

All Authors

Gina Gaspard, RN, MN, GNC (c), Clinical Nurse Specialist, First Nations Health Authority, Vancouver, BC.
Harnessing the Power of Reproductive Healthcare

Abstract Provision of safe, legal abortion is essential to fulfilling the global commitment to the Sustainable Development Goal of universal access to sexual and reproductive health (WHO, 2018). Canada is significantly behind other jurisdictions in the provision of equitable and accessible medical abortion. We argue that current restrictions and gate-keeping practices on Mifegymiso in Canada are paternalistic and carry serious implications for reproductive health and client-centred care. This presentation will outline existing policies and gate-keeping practices in Canada with consideration to remote access and marginalized communities and identities, that inhibit access, as well as propose evidence-based solutions in the provision of medical abortion services. Key learning outcomes to improve client-centred care in this area include understanding the political-financial barriers to access of medical abortion, considerations for adjustment in provision of medical abortion services, and how to advocate and be the source of information for patients seeking medical abortion services. Through a scoping study conducted to inform practice guidelines at the Bay Centre for Birth Control at Women’s College Hospital, this research was conducted on the safety, efficacy and effectiveness profiles of Mifegymiso, which was at the time newly approved in Canada. Despite Mifegymiso availability within Canada, well-established pharmacokinetic efficacy and safety in the global literature, and as well as evidence that there is little scientific basis for existing restrictions, many Canadian jurisdictions continue to overly police patients’ bodies and cause barriers to access. Until medical abortion is aligned with current global standards in practice, access remains inhibited, non-inclusive, and contradictory to human rights doctrines that speak to the inherent reproductive and sexual rights of the person as well as calls for universal and comprehensive healthcare.

Learning Outcome 1  Consider adjustment of practice for medical abortion that is aligned to best evidence guidelines and research

Learning Outcome 2  Advocate for patients seeking abortion services

Learning Outcome 3  Understand the political-financial barriers to access of sexual health services

All Authors

Parisa Sharifi, H.BSc, University of Toronto, Toronto, Ontario; Daniela Spagnuolo, M.A. & B.A., Toronto, Ontario; Suzanne Sicchia, PhD, MHSc, MSc, University of Toronto, Toronto, Ontario; Krina Patel, McMaster University, Hamilton, Ontario
How to Document Less…..With Better Quality

Abstract Electronic medical records (EMR) systems come with many advantages, however if not well-designed, they simply duplicate unnecessary documentation practices from paper to EMR. With documentation taking up a significant portion of the clinical time of health professionals, the area of collaborative EMR development is key in improving efficiency and gaining user buy-in during development and implementation phases. Creating additional time for providers increases direct client-care time, improving health and quality of health outcomes for clients, and improving the care provider’s well-being through a better work-life balance and work environment. In developing the EMR, documentation practices were comprehensively overhauled through the engagement of point of care providers, an audit of existing forms and continuous quality indicator testing. These results in innovative solutions with best-practice clinical decision-making incorporated into the EMR charting process. This improves the ease, efficiency and quality of charting. Using a lens of accuracy and precision, an evaluation of fields and forms was conducted in defining items which served the purpose of required documentation standards and current scope of practice. By further adapting the documentation flow in the EMR to the real-life work flow of the providers, and including cues on best-practice guided clinical decision making, documentation volume was cut significantly. An annual survey and ongoing quarterly chart audit data shows a strong user satisfaction with a more consistent application of documentation and practice standards. This also created systems for feedback and continual improvement of the EMR to meet the dynamic nature of community health provider needs and workflow. Effective clinical design of documentation (EMR or paper-based) is of paramount importance to optimize use of limited health resources. Thoughtful examination of standards with clinical best practice and provider workflow, can positively impact both client outcome and provider job satisfaction.

Learning Outcome 1 Understanding importance of meaningful and collaborative end-user involvement in the early stages of EMR development to increase user buy-in and uptake

Learning Outcome 2 Develop sustainable checks and feedback systems for ongoing EMR improvement in alignment with changing healthcare and administrative practices in community health

Learning Outcome 3 Continually engage end-users in ongoing awareness, checks and improvement to EMR to maintain a user-driven model at the core of the EMR development and delivery

All Authors

Catherine Chater, MSc. OT Reg. (Ont.), VHA Home HealthCare, Toronto, Ontario; Jaspreet Soor, MBChB, VHA Home HealthCare, Toronto, Ontario
How2Trak App

**Abstract**  Applying technology to promote Wound Care Best Practice Guidelines in the home care setting – sharing our journey  Learning Outcomes:  • To discuss the future implications and health system impact of using technology to track wound care healing times, product use and improved client outcomes.  • Promotion of Best Practice in Wound Care  Challenges:  • Mobile device compatibility with app  • IT challenges with the information and how it can be valuable to all stakeholders, resource allocation, staff engagement with the technology and integrating it into their practice. Support provided and nurses to use the data.  • In early 2019 we will begin to analyze and evaluate Examples and scenarios will be shared on how this pilot is impacting best practice, client outcomes and stakeholder interests. Having wound care trajectories and data on expected healing times will impact care and service delivery while creating efficiencies in nursing visits and the overall cost of wound healing.  Impact on client centred care:  We will share our journey of implementation of a wound care technology app in the home care setting. Much focus in wound care is on optimization of best practices for efficient healing time and nurse’s using best practice in daily work. Having the data to show how much visits cost and the trajectory of wound leaning. Strategies used to promote staff engagement in home care to take on “extra” project will be shared. Strategies used to collaborate with external stakeholders (funder, government) different perspectives to focus on what Home Care wound care practice looks like in NS and what do we need to do to practice more efficiently.  Evaluation: An external evaluator is collecting data and will focus on collecting data/ focus groups/ for VON, government/ funder.

**Learning Outcome 1**  To describe a technology based pilot project to track wound care healing and cost of wound care supplies

**Learning Outcome 2**  To describe how home care nurses have changed practice and used data to show how best practice can assist in improving healing time

**Learning Outcome 3**  To describe how data can assist managers is supporting appropriate visit frequency and level of care provider. (Data know to use and share with staff)

**All Authors**

Paula O'Neill, Nurse Manager VON Canada - Cape Breton Site
Abstract Indigenous people bear a disproportionate burden of acute and chronic disease in Canada. Canada has acknowledged that this health status is a direct result of government policies, including residential school systems, distrust, and stigma. To contribute to changing the legacy of residential schools and to advance reconciliation, the Truth and Reconciliation Commission (TRC) of Canada created 94 Calls to Action, including eight recommendations focused on healthcare. Canada has committed to implement these recommendations. Healthcare providers know that people who are uncomfortable or feel unwelcome in care is a barrier to obtaining health services and contribute to an increased burden of disease. Community health nurses are uniquely situated to contribute to thriving Indigenous communities in Canada. A fishbowl session is proposed, where 15 minutes will be used to present issues of the impact of Indigenous people being comfortable and welcome in healthcare. CHNs will have the opportunity to ask questions for 15 minutes. The remaining time will be used to engage participants in discussion with the intent of participants providing ideas for implementable solutions to increase culturally safe and welcoming community health environments in Canada. Key learning outcomes are 1) Individual and public health impact of individuals not feeling comfortable or welcome in care, 2) Impact of racism or stigma on burden of disease, 3) Identification of opportunities for additional learning and what works for engagement of Indigenous people in care, 5) the role of community health nursing, and 6) exchanging and learning from each other practical solutions to increase the comfort of Indigenous people in community health environments in Canada and to welcome them to care. This abstract addresses themes of advocacy for healthy public policy, client centred care, quality improvement, demonstrating leadership, and building relationships/partnerships. Renewing and improving collaboration and understanding, in keeping with TRC, is the primary theme.

Learning Outcome 1 Individual and public health impact of individuals not feeling comfortable or welcome in care

Learning Outcome 2 Impact of racism or stigma on burden of disease

Learning Outcome 3 Exchanging and learning from each other practical solutions to increase the comfort of Indigenous people in community health environments in Canada and to welcome them to care.

All Authors

Cheryl Robbins, MN, PhD(c), NP, FAA Maskwacis Health Centre Maskwacis, AB; Jami Neufeld, RNBN, MPH, National Collaborating Centre for Infectious Diseases, Winnipeg, MB
Abstract In 2017, senior management at a public health unit in southwestern Ontario approved a pilot leadership opportunity for a nurse to act as a facilitator of the Nursing Student Preceptor Program. The purpose of the role was to provide support to nursing preceptors and their students and assist with implementation and evaluation of processes related to nursing student placements. The one-year pilot was intended to provide a nurse with an opportunity to gain leadership experience in managing projects, mentoring staff, and building relationships with academic partners. It was also an opportunity to work with the Chief Nursing Officer, and apply professional practice competencies. The opportunity was promoted among all nurses with an application process. A candidate for this role was selected by the Nursing Practice Committee in 2018. Along with day-to-day support to preceptors and students, the Nurse Facilitator identified opportunities for continuous quality improvement of the Nursing Student Preceptor Program. An evaluation was conducted with nursing preceptors, managers, and staff to obtain feedback on the impact, benefits, and challenges of the role. The results indicated that the pilot role: • Strengthened the health unit’s relationship with academic partners and increased their understanding of public health’s scope and mandate. • Built capacity and leadership competencies among nurses in order to support learners. • Improved consistency in gaining skills, knowledge and apply critical thinking among nursing students. This has potential to improve the quality of nurse candidates when recruiting new public health staff. Findings from this pilot may help others in implementing a similar initiative in their organization.

Learning Outcome 1 Increase understanding of the Nurse Facilitator pilot leadership opportunity

Learning Outcome 2 Describe the impact and added value the Nurse Facilitator role has had on staff, workload and continuous quality improvement for the Nursing Student Preceptor Program

All Authors

Ethylene Villareal, RN, BScN, MSc, Region of Waterloo Public Health & Emergency Services, Waterloo, ON; Annette Collins, RN, BScN, Region of Waterloo Public Health & Emergency Services, Waterloo, ON
Integration of a Computer-Based Virtual Simulation Program into Community Clinical Courses

Abstract Project purpose: Challenges abound in securing quality clinical practice experiences for BScN students as recommended by the Canadian Association of Schools of Nursing Guidelines for quality community health nursing clinical placements for baccalaureate nursing students (2010). In our school, issues are related to curriculum change, placing the community health course at the beginning of the nursing program, and significantly reducing clinical hours. A recent Canadian scoping review concluded that learning outcomes of students who engaged in virtual simulations were equal or better compared with traditional simulation activities. This prompted us to pilot a virtual "city" for use in our community clinical. The project purpose was to implement and evaluate the integration of a computer-based virtual simulation program into community clinical courses as alternative or complement to conventional clinical with agencies or neighborhoods. Outcomes of this project are intended to inform future designs for sustainable clinical experiences in an ever-changing landscape of nursing education. Findings and implications: The development of a learning plan and the integration of Sentinel CityTM, a virtual computer-based clinical education software program, was piloted within a BSCN program. Students were randomly assigned to a control or experimental group over two semesters, with two cohorts of undergraduate nursing students. An evaluation survey including likert style and qualitative questions was developed (using OpinioTM) and distributed to all students (control and experiment groups) and clinical instructors. Results indicate that a combination of virtual simulation with conventional agency or neighborhood based clinical may provide valuable learning experiences about community health for students who are at the beginning of their nursing program.

Learning Outcome 1 Curriculum changes can lead to novel approaches in clinical practice experiences.

Learning Outcome 2 The adoption of virtual simulation for community clinical needs to be tailored a school’s context.

Learning Outcome 3 Clinical instructors need expertise in community health nursing to facilitate clinical education.

All Authors

Andrea Chircop, PhD, RN, Dalhousie University, Halifax, NS; Shelley Cobbett, RN, BN, GnT, MN, EdD, Dalhousie University, Halifax, NS
Investing in Families: Children and Youth Mental Health Project

Abstract Investing in Families (IIF) is an evidence informed, interdivisional city of Toronto approach to service delivery based on the research of Dr. Gina Browne (2001). The overall goal of IIF is to reduce the impact of poverty, increase prosperity and enhance resiliency for all families living on Ontario Works in Toronto. The children and youth of IIF clients face additional burdens related to living in poverty and residing in high risk neighbourhoods. IIF frontline staff are in an excellent position to identify family issues and intervene by assisting families to develop effective coping skills, thus lessening children's exposure to the impact of health inequities. These interventions may lead to improved long-term health outcomes and positively impact children and youth's life trajectory. In 2017, Toronto Public Health applied for and received one time funding from the provincial government to support a mental health promotion project for children and youth. The project's goal was to enhance the knowledge and skills of IIF service providers in mitigating some of the risk factors that pertain to children and youth's mental health. This was achieved by increasing service provider's capacity to support and promote overall mental health, with a focus on resilience theory. To further build upon the knowledge and skills acquired and the partnerships developed, IIF Public Health Nurses are delivering resiliency skills training to interdivisional IIF staff, and Resiliency Skill Building workshops to clients.

Learning Outcome 1 Enhanced understanding of the benefits of building service provider's capacity to support and promote overall mental health and wellbeing with IIF families.

Learning Outcome 2 Increased awareness of the benefits of working collaboratively with program partners

Learning Outcome 3 Identify strategies for service providers to address health inequities in vulnerable children and youth.

All Authors

Linh Nguyen, RN, BScN, Public Health Nurse, Toronto Public Health, Toronto ON; Nicolette Slovitt, RN, MSN, Manager of Investing In Families, Toronto, ON; Patricia Stevens, RN, BScN, Health Promotion Specialist, Toronto, ON; April Williams, RN, BScN, Public Health Nurse, Toronto Public Health, Toronto, ON
La Contribution du Savoir Personnel et de L’expérience au Développement de Pratiques Infirmières D’équité en Santé en Contexte Communautaire

Abstract Au Canada, les inégalités sociales augmentent et nuisent à la santé de la population. Compte tenu de cette situation, quelles sont les pratiques des infirmières travaillant en santé communautaire pour assurer une plus grande équité en matière de santé? Mon projet de recherche doctoral combinait histoire orale (12 entrevues) et ethnographie collaborative (420 heures sur le terrain) avec les infirmières de la clinique communautaire de Pointe-Saint-Charles, Québec. 21 infirmières et 11 ex-infirmières ont participé (2016 à 2018). Pour l'ethnographie, des données d'observation ont été collectées et un processus collectif a été réalisé avec 3 groupes d'infirmières sur 5 mois (collecte et analyse des données en collaboration). Les résultats mettent en évidence la contribution des connaissances personnelles (relations réciproques et utilisation thérapeutique du soi) et esthétiques (intuitions induites par l'expérience) au développement de pratiques d'équité. Lorsqu'elles sont confrontées aux conditions de vie des personnes, les infirmières élargissent leur champ d'évaluation aux problèmes liés à l'environnement social et physique, ainsi qu'à la prise en compte des parcours de vie. Elles déplacent le paradigme de l'intervention, passant d'un processus de soins contrôlé et prévisible à une démarche qui tient compte de l'imprévisibilité et en se rendant disponibles en temps, lieu et approche. Les infirmières adaptent ensuite les interventions infirmières génériques apprises à l'école pour qu'elles s'arriment à la réalité des gens. Elles prennent des mesures immédiates pour remédier à la pénurie de ressources matérielles des familles et plaident en faveur de l'accès aux soins de santé. Ces résultats soulignent l'apport à la fois personnel et professionnel des infirmières au développement de la pratique sociale en santé communautaire et à la discipline. Ils rappellent ainsi qu'en contexte communautaire, les infirmières ne peuvent être interchangeables sans poser préjudice aux objectifs d'équité en santé.

Learning Outcome 1 Reconnaître et valoriser l'importance des savoirs personnels et de l'expérience des infirmières pour les interventions d'équité en santé

Learning Outcome 2 Reconnaître que les connaissances personnelles et esthétiques font partie de la compétence de l'infirmière en santé communautaire, au même titre (et non à moindre titre) que les autres connaissances

Learning Outcome 3 Réfléchir aux événements de leur histoire personnelle et aux apprentissages issus de leur expérience professionnelle qui participent à la construction de leurs interventions efficaces en matière d'équité en santé

All Authors

Geneviève McCready, BScN, MSc(MPH), PhD(c), Université d'Ottawa Montréal, Québec; Hélène Laperrière, PhD Université d'Ottawa, Ottawa, Ontario
Abstract The Community Health Nurses of Manitoba (CHNM), along with Manitoba Health and the Regional Health Authorities, initiated a video project to mark 100+ years of community/public health nursing in Manitoba. The purpose is to 1) portray the important contributions of public health nursing; 2) raise awareness regarding diversity in community health practice; and 3) showcase how Public Health Nurses portray leadership in their day to day practice. To demonstrate these abilities, the stories and examples in the video have been organized using the Leadership Competencies for Public Health Practice in Canada. A total of 13 nurses/nursing students participated in the film by sharing their stories and perspectives on specific aspects of their practice. Considerable effort went into creating as much diversity as possible by recruiting nurses from different backgrounds and areas of practice. Each nursing interview is linked to specific competency and action statements (Leadership Competencies) to demonstrate how the competencies can be applied. The impact of this video project has been considered by all of the stakeholders and reveals a variety of benefits, challenges and lessons learned. The video offers a convenient format for distribution and presentation, allowing a wide variety of audiences to view and critically reflect on the content. It will be shared widely with community health agencies, associations and educational institutions, as well as with other public health disciplines interested in application of the leadership competencies. Discussion related to the video content can focus on many areas such as, developing a collective vision for the next 100 years of public health nursing, examining how PHNs see themselves as leaders, exploring how the filming process and outcome links to leadership, learning how the leadership competencies can be advanced through creative means, as well as general promotion of community health nursing.

Learning Outcome 1 Examine the use of video format to commemorate the history of public health nursing and also to enhance the visibility of community health nursing through PHN stories

Learning Outcome 2 Discover how PHN stories can be linked to the leadership competencies for public health

Learning Outcome 3 Explore the application of the leadership competencies in daily nursing practice

All Authors

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Abstract Purpose: In Manitoba, the Community Health Nurses of Canada (CHNC) standards, competencies, and the professional practice model have provided the foundation for leadership in public health nursing (PHN) workforce development. PHNs are ideally situated to reduce inequities in the prenatal, postpartum, and early childhood periods. In practice however, PHNs had become focused on the provision of healthcare at the individual level as opposed to the population based approaches depicted in national documents. A common vision for PHNs based on CHNC standards and discipline specific competencies has been identified as a priority. The purpose of this session is to describe the journey towards a more consistent understanding of the PHN role in perinatal health promotion in Manitoba. Action: The project objective was to develop provincial standards and clinical practice guidelines to facilitate population based PHN practice based in the prenatal and postpartum periods. Standards were published in 2015, and implementation and practice development activities have been ongoing. This has included tools for documentation, the development of guidelines to support PHN practice. Results: The project used a collaborative model, which engaged front line PHNs as champions and content experts. Web based meetings and webinars were used as a platform for communication, education, and standards implementation. The involvement of direct service PHNs and leaders across the province was critical to uptake and success. Nursing Implications: The provincial implementation of standards and guidelines establish benchmarks and serve as the foundation for collecting data and measuring workload. It also enables measurement of adequate human resources for safe and effective public health nursing care and greater provincial consistency in public health services. The development of documents articulating core PHN functions provides role clarity and contributes to quality client care. This project will be of interest to nurses and decision-makers within and beyond public health.

Learning Outcome 1 Describe a population based PHN role to perinatal health promotion

Learning Outcome 2 Articulate methods to foster project implementation and knowledge translation

Learning Outcome 3 Understand how CHNC national standards and competencies can inform provincial strategies

All Authors

Cheryl Cusack, RN, MSN, PhD Manitoba Health, Winnipeg Manitoba; Michelle Johnson, RN,MSc, Prairie Mountain Health, Manitoba
Learning What You Don't Know: Benefits of a Multi-Modal Competency Program to Support Safe, Autonomous Nursing Practice in Home Care

Abstract Community health nurses play an integral role in ensuring Canadians remain healthy and independent at home. With high demand for home care services from an aging population coupled with increasingly complex skills needed in this sector, it is crucial that community health nurses maintain their clinical skills current with best practices. Home care visits provide a great degree of autonomy for nurses to demonstrate competence, but also present risks if skills are over/under-estimated or if nurses are unaware of practice changes due to new evidence. Unlike the acute-care sector, home care nurses do not have the benefit of collegial on-site practice support. The nature of community health nursing being a dispersed workforce presents unique challenges for home care organizations seeking opportunities to systematically identify and support nurses who may benefit from skills refresher training. As part of continuous quality improvement, VHA Home HealthCare redesigned its annual nursing Competency Validation (CV) to better meet learning needs as well as emerging practice trends. The final CV process incorporated both summative testing and formative learning elements spread across different educational modalities recognizing different learning styles and principles of adult learning (i.e. skill demonstration stations, simulated clinical scenarios and knowledge-based, multiple-choice quiz). Quantitative and qualitative data methods were used to analyze measures of satisfaction, perceived impact on confidence for clinical skills, and perceived effect on emergency preparedness. Survey data from 73 nurses (35% response rate) demonstrated high satisfaction with the new process and recognized it as both a valuable learning opportunity and a viable method to maintain clinical skills. Key learnings from this project included the importance of engaging key organizational stakeholders to champion best practices, developing a systematic method to prioritize skills to be reviewed, co-developing realistic scenarios with content experts, and creating opportunities for experienced nurses to share knowledge with their peers.

Learning Outcome 1 Describe various complexities of home care that can present as challenges to clinical education opportunities.

Learning Outcome 2 Distinguish advantages and disadvantages of different evaluation methods used to assess competency and support learning.

Learning Outcome 3 Leverage key organizational stakeholders during the planning and implementation phases to support quality improvement initiatives.

All Authors

Matthew Wong, RN, MN, VHA Home Healthcare, Toronto, ON; Jessica Lok, RN, MN, VHA Home Healthcare, Toronto, ON
Abstract Issue and project purpose: To explore historical highlights of CHN practice, specifically from the perspective of Francophone CHNs in Northern Ontario (NO). Visited Francophone communities in NO, meeting with CHNs to record their experiences of providing care; discussing how their role has changed (or not) over time; how they have shaped (or not) the broader practice of CHNs; their concerns for future CHNs in the context of increasing complexity (cultural, social, political, financial) in community health nursing. Findings: There were 10 CHNs interviewed in seven communities in NO. Using a life history model with pictures/artifacts/anecdotes listened to their experiences of life and CHN practice as a mean to understanding how ‘context, politics, culture, and history’ are interwoven and reciprocally shape the lives of nurses, community, and the profession itself. Explored the ways in which Francophone nurses informed and potentially contested traditional perspectives of community and public health nursing. Conclusions: Looking ahead, information about the nursing lives and history of Francophone CHNs that practiced in NO’s rural and remote areas is important to continue recording and made available in light of current political context. ** Note this will be a bilingual presentation **

Learning Outcome 1 Contributes to rural historical nursing scholarship and relational and critical cultural perspectives of nursing.

Learning Outcome 2 Expands on the significance of the contributions of Francophone CHNs in NO

Learning Outcome 3 Enhances knowledge of community and public health nursing in rural settings in NO

All Authors

Dr Sylvane Filice, RN, MPH, PhD Assistant Professor Lakehead University Thunder Bay, Ontario
MAID - Challenges for the Home Health Care Nurse

Abstract Supporting Medical Assistance In Dying (MAID) in the community brings unique challenges to home health nurses (HHN). To better understand these issues, we surveyed Nurse Managers/Supervisors at our home health care agency to determine what they determined to be the primary challenges for their nursing teams. From our survey, five key findings/themes emerged including: communication with funder, difficulty staffing visits, staff stress/coping concerns, challenging intravenous line insertions, as well as time constraints since MAID visits often take longer to complete and require more support from management. As MAID is becoming more commonplace in the home, requests for HHNs to care for patients requesting MAID is a reality. How do the teams address challenges? We asked the same Nurse Managers to share their solutions around solving the challenges identified. Participants identified strategies including improved communication strategies internally and with the funder, ensuring nurses are provided ongoing education, offering debriefing after every MAID death, and allowing for 2 nursing visits to support a MAID patient. From this study, next steps include a review of the challenges and sharing solutions with other home health care providers. Staffing MAID visits may have deeper issues to consider. We may be seeing compassion fatigue among these nurses. We are exploring the addition of resilience training to our MAID education to prevent compassion fatigue and address not only staffing concerns but HHN stress/coping. We will outline communication successes that some teams have expressed with their funders so that other regions may also approach their funders. We also looked at our current IV initiation education, exploring options such as having an IV specialty team for MAID patients. Addressing these challenges will support nurses who work with MAID, thus supporting the theme of our presentation - Advancing CHN roles.

Learning Outcome 1 Acquire practical tools, products and processes to advance practice

Learning Outcome 2 Generate research questions, connections and opportunities

Learning Outcome 3 Discover innovative leadership strategies

All Authors

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Meaning in Life and Reasons for Living in Older Adults with Suicidal Ideation

Abstract Suicide has ranked as the 10th leading cause of death for all ages in the United States. Although Healthy People 2020’s target is to reduce suicide rates by 10.2 per 100,000 by 2020, it remains that suicide rates continue to increase, with suicide in older adults contributing substantially to this rise. Older adults have a higher risk for suicide, yet research on positive psychological factors such as meaning in life and reasons for living is lacking. The purpose of this research was to investigate the associations among meaning in life, reasons for living, and suicidal ideation in older adults (55+ years). Based on PRISMA guidelines, the PubMed, PsycINFO, PsycARTICLES, and CINAHL databases were systematically searched for relevant publications without date restrictions. Nine studies, qualitative and quantitative, were included in this review, showing a relationship among meaning in life, reasons for living, and suicidal ideation in older adults. All the studies found that meaning in life and reasons for living were negatively associated with suicidal ideation in older adults. These findings add to the literature suggesting merit to including positive psychological factors in assessing suicide risk in older adults and in planning preventative measures and services for this high-risk group.

All Authors

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Navigating the Measurement of Client Experience in Public Health: How to Reach Your Destination and Avoid the Dead Ends

Abstract The Canadian Community Health Nursing: Professional Practice Model & Standards of Practice (CHNC, 2011) highlight the need for client-centred approaches with individuals, groups, and populations. Nurses’ adherence to client-centred principles can empower. Measuring clients’ experience of public health practitioners can provide essential feedback, lead to enhanced organization-wide nursing practice quality, and increase client and community confidence in public health services. Phase One of the project included identifying a service-seeking client experience model and evaluation tool, and determining how to best implement it locally. An internal advisory committee, with representation from program and health equity teams, informed the project. Next phases will focus on assessing the experience of clients that public health are mandated to work with, and of clients with English and French as their second language. Findings, Conclusions and/or Solutions Environmental and literature scans were undertaken to identify valid and reliable client experience assessment tools. After analysis, a tool was selected for use with service-seeking clients. A process guide was developed to support implementation, which began in January 2019. Additional phases are being planned. Conclusions/Implications: This presentation will identify the lessons learned in the development and implementation of a system to measure service-seeking client experience. Key learning early in the process was the importance of ongoing management engagement, and frequent communication to employees with rationale for decisions made. Later in the process, the value of delineating between service-seeking and mandated clients was paramount. Finally, in implementing the survey, an understanding of how to overcome staff resistance and address capacity issues was realized.

Learning Outcome 1 Learn about one Public Health agency’s efforts to identify a valid and reliable tool to measure client experience of public health nursing care.

Learning Outcome 2 Gain insight into lessons learned in the development and implementation of a system to measure service-seeking client experience.

Learning Outcome 3 Understand important steps to take when implementing an evaluation tool to measure client centred care.

All Authors

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Nursing in the Provincial Corrections Setting

Abstract Community Health Nursing offers diverse opportunities for Nursing Practice and working with people where they live. Our interest in this presentation is to promote and improve the visibility of nursing in corrections health care. In our correctional center setting, nursing is ever mindful of the determinants of health, working from a model of care that is client centered and incorporates harm reduction. This setting requires strong leadership and advocacy skills, along with a firm understanding of the therapeutic relationship and communication skills and an interest in quality improvement. In the last couple of years in New Brunswick, nursing in the Corrections setting has been undergoing much review, planning and implementing many changes to provide a much more standardized, safe and quality driven, ethical care for clients who live in this community. We are on a journey! We have moved from a systemic review; to developing and publishing NB’s first provincial correctional nursing standards (2017); to changing staffing model to include RN and LPN in collaboration (2018); to building new or stronger partnerships with Department of Health – Addiction and Mental Health and Department of Public Safety to review and build good addiction and mental health care services for those who live in this community and so they may transition safely back to their home community (2018-19). We are involved in direct client care; service and program development; quality improvement initiatives and clinic development and management which all sync up with your conference themes of client centered care, quality improvement and demonstrating leadership. We would appreciate the opportunity to share and discuss our experiences and outcomes while promoting community health nursing in this often overlooked community setting.

Learning Outcome 1 Strengthen CHN visibility and identity

Learning Outcome 2 Identify client centered care

Learning Outcome 3 Identify quality improvement initiatives

All Authors

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Optimizing Nursing Students Learning Experience of Virtual Gaming Simulation – A Focus Group Study

Abstract Virtual gaming simulation (VGS) is increasingly utilized in the nursing curriculum due to its immersive, realistic nature and it provides a safe way of learning (Verkuyl, Romaniuk & Mastrilli, 2018). There is limited availability of perinatal nursing placements, so education simulations like VGS provide a medium in which learners make clinical decisions while providing client-centered perinatal care. This unique learning experience can support learners to develop knowledge and skills necessary to provide safe and competent individualized care in the complex healthcare environment. VGS provides an opportunity for students to utilize objective and subjective data, formulate interventions, make choices on how to proceed, and experience the consequences of their choices as they care for a virtual client and their family. To fully maximize learning, it is important to examine ways to optimize the VGS experience. The purpose of the focus groups was to explore BScN year three nursing students’ experiences while playing VGS in different formats; individually, in pairs and in a larger group. The analysis of the focus group yielded advantages and disadvantages of the different formats and categorized into four main themes a) Knowledge Retention; b) Experiential Learning; c) Control of Learning and d) Psychological Safety. Each modality of play provides unique learning opportunities to engage student learning and provided points for consideration when implementing the different formats of play. The implications for community health nursing are that the utilization of VGS can be used to meet the gap in perinatal nursing and provide a unique, engaging, realistic opportunity for the learner to develop valuable experience in providing safe, competent, client-centered care in perinatal clinical situations.

Learning Outcome 1 Experience a perinatal Virtual Game Simulation, a learning resource to advance nursing practice

Learning Outcome 2 Explore different ways to embed this innovative learning experience in curriculum

All Authors
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Paraben and Phthalate Exposure via Cosmetics Decision Making Among Female University Students

Abstract There are growing concerns over the increased incidence negative health outcomes resulting from exposure to endocrine disrupting chemicals in products, which include breast and ovarian cancers and fertility difficulties. Endocrine disruptors are found in many consumer and industrial products. Of particular concern are cosmetics that include ingredients such as parabens and phthalates, that have endocrine disrupting potential. These products are used by the majority of the population daily, causing chronic exposure. With the lack of testing and regulation from government and industry, the decisions to reduce exposure and health risks are left to the user who do have some choice in purchasing “chemical free” products. Thus, education is needed to ensure users are able to make an informed choice and decrease health risks through exposure from cosmetic use. The purpose of this study is to survey female university students to determine the manner in which they navigate exposure to parabens and phthalates in cosmetics. The Health Belief Model will be used to guide the research and variables such as socio-demographic factors, risk perception, perceived barriers/benefits/self-efficacy, and exposure to cues to actions (sources of education, knowledge), will be explored in relation to the cosmetic use decision making. This information will enable us to identify current knowledge and risk factors for increased exposure in order to determine areas to focus on when creating educational resources for the public to assist them in decreasing exposure through informed decisions regarding cosmetic use.

Learning Outcome 1 Identify potential adverse health outcomes related to exposure to parabens and phthalates

Learning Outcome 2 Identify strategies to assist in reducing exposure

Learning Outcome 3 Identify how the health belief model can be used as a tool in a needs assessment

All Authors

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Partnerships for Racial Health Equity

Abstract Engaging in multi-sectoral collaboration with health and non-health sector partners is important as part of strategies to decrease health inequities. Community health nurses can engage in collaborative partnerships and coalitions, which address public health issues and social determinants of health. As a structural determinant of health, racism negatively impacts the health of Indigenous and racialized communities. It is necessary to develop strategies that directly address racism as a determinant of health. Strategies need to be developed and lead by the affected communities to be most relevant and impactful. As such, partnership development is an important aspect of anti-racist action in community nursing. But what do health systems, organizations and community health nurses understand about racism as a structural determinant of health? What role do organizations and community health nurses play in advancing racial equity? And how do organizations create, maintain, and nourish partnerships that advance racial equity? This session will discuss structural racism as a determinant of health and equitable approaches to partnership development with racialized communities. The workshop will build the skills and confidence of participants to design, develop and implement partnership strategies to advance racial equity and address health inequities. The workshop will begin with an introduction to health equity concepts, racial equity, anti-racism, cultural safety, allyship and the impact of racism on health, using a self-reflective practice approach.

Learning Outcome 1 Distinguish between different forms racism

Learning Outcome 2 Define and understand allyship, effective collaboration and partnership

Learning Outcome 3 Identify decolonial anti-racist principles and practices

All Authors

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Preparing Practice Ready Public Health Nurses: Nipissing University's Scholar Practitioner Program at Toronto Public Health

Abstract The Scholar Practitioner Program (SPP), from Nipissing University is an innovative and pioneering, second degree entry, baccalaureate, Nursing Program, in partnership with Toronto Public Health, Nipissing University and other health care partners. In this partnership, the faculty for the program holds the title of Adjunct Professor, but retains employment by Toronto Public Health. Designed to bridge the gap between theoretical and public health nursing practice, the program allows learners the opportunity to spend up to four, out of six semesters, at Toronto Public Health in classroom and clinical placements. Learners begins their journey, immersed in not only clinical and theoretical knowledge, but also the organizational culture of Toronto Public Health. The main pedagogy utilized in the program is narrative inquiry pedagogy, and self-directed learning is the cornerstone, that allows learners to tailor their nursing education to meet their needs. Since its inception, the program has received the highest length of accreditation (7 years), from the Canadian Association of Schools of Nursing, and graduates have achieved above provincial averages in provincial licensing exams. Preparing practice ready graduates who will be lifelong learners and leaders as Registered Nurses, are outcomes that meet the current needs of employers and the health care system. Now in its eight year, the program partnership continues to graduate Nurses who, through their own design, establish learning paths that that immerse them in current trends and issues in public health nursing, and ultimately to seek better outcomes for their clients and the health care system through their nursing practice.

Learning Outcome 1 Describe the Scholar Practitioner Program Partnership as an innovative Nursing Education initiative.

Learning Outcome 2 Describe the main tenets of narrative inquiry as applied to nursing education

Learning Outcome 3 Apply narrative inquiry as a reflective practice tool, applicable to their own practice

All Authors

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Sharing Data with Community Partners to Promote Health Equity

Abstract

Purpose: Data is essential to addressing inequities. Local Public Health Agencies (LPHAs) have access to a wealth of health outcome data that could support community organizations’ work. This presentation describes a Public Health Ontario funded Locally Driven Collaborative Project that aimed to identify best practices to select, analyze, and distribute data to community partners to advance equity. Community Health Nurses are a link between the people they serve and community organizations providing services to the same populations. While the outputs of this project are intended to support LPHAs sharing data, awareness of this resource could support all CHNs in building relationships with partners and facilitate efforts to address inequities. Methods: A literature review examined public health data sharing with local community partners. A survey distributed to 401 community organizations evaluated their current data use and needs. The findings informed a one-day deliberative dialogue where 19 participants discussed multiple perspectives on the barriers and potential solutions for data sharing. A pilot was conducted with community partners and a guide developed to facilitate data sharing. An impact assessment is currently underway. Results: Common themes identified through the initial research include the necessity to gain an understanding of community organizations’ data needs; the importance of relationships of trust and reciprocity; and the need to build community partners’ capacity to access and interpret data. The impact assessment has revealed that community organizations are diverse in their ability and capacity to utilize data. Pilot organizations used the data to better understand their communities, leverage funding, advocate for new programs, and educate staff about local health outcomes. Conclusion and Implications: Successful data sharing between those with access to data and community agencies providing services to marginalized populations can enhance partnerships and facilitate strategies to more efficiently address inequities faced by those in most need.

Learning Outcome 1 Understand the research processes implemented to identify best practices of sharing health equity related data to facilitate addressing inequities.

Learning Outcome 2 Access and utilize the guide developed to facilitate data sharing with community organizations to advance equity.

Learning Outcome 3 Advocate for sharing of health equity related data between organizations to address inequity in their community.

All Authors

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Simulation in Community Health Nursing: Perspectives on Competencies and Student Satisfaction with a Simulated Home Visit Experience

Abstract Introduction: Community health nursing practicums historically included the expectation that students would experience a home visit. Given changing clinical opportunities, the use of simulation has been integrated in the undergraduate nursing program to better respond to learner needs. The objective of this was to provide a home visit experience in a safe simulated environment using standardized patients and to guide student community health learning and reflection supported by debriefing. Methods: The scenario was developed collaboratively based on community health nursing competencies and simulation expertise. The debriefing process with trained facilitators follows the PEARLS framework (Eppich & Cheng, 2015). Students were guided in self-directed preparation. The home visit in a functional apartment consisted of a 45 minutes interaction with the simulated patient, followed by 45 minutes of facilitated debriefing. Simulated actors were trained and participated in the debriefing. Two surveys are being completed: a student exit survey addressing student satisfaction and learning objectives and a debriefer survey reviewing main objectives. The use of this innovative tool started in fall 2018 and will continue until spring 2019. Results: Preliminary results show a strong student satisfaction level regarding the importance of the simulation experience in the attainment of their community health nursing competencies. Over 80% of respondents noted that this simulation experience was essential to their learning community health nursing competencies. Students noted that this experience increased their abilities to address environmental factors and to build therapeutic relationships. Conclusion: This new teaching strategy has received good student feedback and facilitates the integration of community health nursing competencies in the undergraduate nursing programs. Future developments include new scenarios to address various community health situations. Eppich, W. & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS). Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare, 10 (2), 106–115.

Learning Outcome 1 Discuss the use of simulation in developing community health nursing competencies

Learning Outcome 2 Identify student feedback in response to a simulation experience

Learning Outcome 3 Reflect on ways to use simulation in their own settings for the attainment of community health nursing competencies

All Authors

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Sticks and Stones May Break My Bones and Words Can Hurt or Heal Me: Stories of Racial Discrimination in Canada and How Community Health Nurses Can Help Change the Narrative

Abstract Background: Immigration and the forced migration of thousands of the world's citizens are amongst the most controversial topics discussed in the media today. Fears that migrants are taking jobs from Canadians, pose a threat to Canadian values, and are more likely to be involved in crime have been stoked by the populist right. At the same time, stories of racial discrimination against Canada's Indigenous peoples continue to make regular news headlines across the country. The health impacts of racial discrimination are well documented. Perceived racial discrimination has been identified as a health risk factor, impacting both physical and mental health. Experiences of racial discrimination have also been shown to reduce the likelihood a person will access required health services and lowers the uptake of prenatal and preventative care. Purpose: The purpose of this presentation is to highlight, through stories, the impact of racial discrimination on the health of individuals, and to explore ways the community health nurse can connect with "hard to reach" populations and partner with clients to provide culturally sensitive care. Content: Using a narrative approach, stories gathered from research studies, media reports and contemporary literature will be presented. Salient themes across narratives will be discussed and ways to connect partner and collaborate with individuals and populations will be explored. The presentation will close with a dialogue on strategies the community health nurse can use to reduce racial discrimination and in so doing change the narrative for clients.

Learning Outcome 1 Describe the impact of racial discrimination on the health of individuals.

Learning Outcome 2 Identify ways to connect, partner and collaborate with "hard to reach" clients and populations.

Learning Outcome 3 Discuss strategies the community health nurse can use to reduce racial discrimination in Canada.

All Authors

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Strengthening CHN Visibility and Identity: Advancing Nursing Roles in Public Health

Abstract Community health nurses (CHNs) make tremendous contributions to the health of Canadians. They have long experienced a lack of role clarity. In fact, CHNs working at full scope with greater clarity for the role was the first of six arenas for action identified by the Blueprint for Action in 2013. Since then, several initiatives have attempted to increase clarity including: development of a national certification, the national conference; revision of the national standards; and development of competency sets for Home Health, Public Health and Primary Care nurses, yet, a lack of role clarity continues to prevail. During a time of system and organizational restructuring and new ministry mandated standards, urgent action was needed to clarify nursing roles in this large urban health unit. A Nursing Framework was developed that describes nursing theory, roles, competencies and supports to facilitate role clarity, role implementation and evaluation. This innovative initiative was informed by a literature scan and consultation with public health nurses to facilitate an understanding of the literature and its integration within the context of nursing in the organization. A synthesis of the descriptive content, literature review and discussion group themes supported the conceptualization of a role effectiveness model for nursing. Evaluation of the framework revealed important learnings about its usefulness and facilitation of role clarity. All community health nursing organizations can benefit from developing a Nursing Framework to enable greater clarity of nursing roles for better outcomes to the health of Canadians.

Learning Outcome 1 Describe processes and strategies that enabled development of the nursing framework

Learning Outcome 2 Describe challenges and successes experienced in developing the framework

Learning Outcome 3 Describe lessons learned through an evaluation of the framework related to usefulness and facilitation of role clarity

All Authors

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Tenir Compte et Réduire les Injustices Épistémiques Vécues par les Infirmières à travers la Recherche en Santé Communautaire

Abstract Le travail des infirmières en santé communautaire est parsemé d’inégalités épistémiques, c’est-à-dire que leur savoir et leur parole sont souvent mis en doute. Ma recherche doctorale a mis en évidence trois formes d’injustices épistémiques vécues par celles-ci : la dominance d’un modèle anglophone dans les conceptions du soin infirmier communautaire au détriment des particularités propres au modèle franco-canadien, la dominance des pratiques biomédicales dans le soin communautaire au détriment des productions sociales liées au soin, et la technocratisation à gestion descendante des méthodes et productions du soin communautaire au détriment des bricolages et apprentissages quotidiens des infirmières de terrain. Afin de tenter de remédier à ces injustices, j’ai inclus une recherche historique (1934-1959) dans mon projet doctoral, laquelle a mené à la restitution des particularités propres au modèle canadien-français. La portion historique et une phase exploratoire sur le terrain ont servi à l’élaboration de la grille d’observation pour l’ethnographie (420 heures et 21 infirmières participantes), contribuant à enrichir la contextualisation sociale et politique des pratiques infirmières. Le choix de l’ethnographie a également participé à la restitution des savoirs des infirmières de terrain en s’intéressant aux actions posées plutôt qu’uniquement aux actions dicibles. Le processus collaboratif a permis de créer un espace pour collectiviser les pratiques infirmières et renforcer la légitimité et la diversité de leurs savoirs. Enfin, la méthodologie de cette recherche a permis d’inscrire les pratiques des infirmières participantes à l’intérieur des savoirs reconnus par le milieu académique, leur conférant ainsi une crédibilité supplémentaire dans leur milieu de travail. Cette expérience montre que faire de la recherche et porter une attention aux injustices épistémiques dans les choix méthodologiques de celle-ci peuvent participer à la reconnaissance des savoirs infirmiers et à la transformation des milieux de soins.

Learning Outcome 1 Comprendre ce que sont les injustices épistémiques et comment elles existent dans la discipline infirmière

Learning Outcome 2 Réfléchir aux injustices épistémiques vécues, présentes et/ou perpétrées dans son propre travail

Learning Outcome 3 Comprendre comment la recherche peut participer à la reproduction, ou déconstruire les injustices épistémiques dans le soin infirmier communautaire selon les méthodologies et méthodes de recherche préconisées

All Authors

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The Community Health Nursing Professional Practice Model & Standards: A Closer Look at the Revised Standards and Their Implications for Practice

Abstract The Canadian Community Health Nursing Professional Practice Model & Standards of Practice outline the expected practices for community health nursing and provide a framework that enhances both practice and education. The Standards of Practice have recently been revised and updated to reflect current and evidence informed practice. In this Network Café, a facilitated discussion will centre on key changes to the Standards and ways in which the revised Standards can be implemented in practice and education. Emphasis will be placed on areas such as health equity, evidence informed practice, Indigenous health and nursing, diversity, cultural safety and cultural humility. Participants (practitioners, researchers, managers, policy makers, and educators), through the Network café small group dialogue will address questions such as: “How will the principal changes to the Community Health Nursing Standards of Practice instruct my practice? How would the Model and revised Standards apply in a variety of practice experiences? What are the key learnings from changes to the Standards that impact practice? How do changes to the Standards affect my practice as a community health nurse? The outcome of this café discussion will include networking and learning through the sharing of practice or teaching experiences in relation to the revised Standards and the Professional Practice Model. This enhanced understanding will promote the successful implementation of the Professional Practice Model and the revised Standards of Practice to support excellence in community health nursing

Learning Outcome 1 Discuss changes to CCHN Standards of practice.

Learning Outcome 2 Apply the CHN professional practice model and the standards of practice to practice and education.

Learning Outcome 3 Support excellence in community health nursing.

All Authors

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Abstract Sleep is rapidly emerging as a recognized foundation of health, yet Canadians continue to struggle with attaining adequate sleep quality and quantity. Although Canadians are increasingly using wearable devices to monitor their sleep habits, there are limits to the information these devices provide. Community health nurses (CHNs) are well-positioned to support the promotion and maintenance of healthy sleep habits across the lifespan. To maximize this position for promoting healthy sleep within community settings and help clients effectively navigate novel wearable technologies, it is essential that CHNs develop a foundational knowledge about supporting sleep using client-centred approaches, particularly in the context of increasing commercialization of sleep. This interactive session will provide CHNs with a broad developmental perspective on sleep across the lifespan, from conception to adulthood. A review of current applied sleep research, with a focus on maternal-child and adolescent populations, will provide participants with a foundational and pragmatic understanding of sleep. Influences of biopsychosocial factors (i.e., preterm birth, pain, ethnicity) on sleep quality will also be reviewed. Specific life stages (i.e., infancy, adolescence, and pregnancy) will be used to highlight different strategies (screening assessment, and interventions) that CHNs can use to promote the development of healthy sleep habits. Participants will be actively engaged in using these exemplar screening and assessment sleep tools, including commercially available wearable technology. Participants will be able to identify barriers to wearable device sleep monitoring. Educational resources and behavioral interventions, such as cognitive behavioral therapy for insomnia, will be introduced in the context of how nurses can take actionable steps in their daily practice to promote healthy sleep. Finally, participants will be invited to reflect on how individual (client and provider) and social systems can influence the development of healthy sleep habits.

Learning Outcome 1 Use a foundational understanding of how sleep develops across the lifespan to integrate within a client-centred practice

Learning Outcome 2 Identify pros and cons of practical tools that can be used in a community setting to assess, screen, and promote healthy sleep habits

Learning Outcome 3 Engage in self-reflection about how individual and systemic processes encountered in daily practice facilitate the development of healthy sleep habits

All Authors

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The Early Childhood Committee Promotes Healthy Early Childhood through a Successful Collaboration of Public Health Nursing, School Division, and Other Partners; With a Focus on an Annual Early Childhood Development Education Session for Grade 11 Students

Abstract Background: As far back as the late 1990’s, Manitoba had already noted the links between early childhood development and future successes in a child’s life course. As a result Public Health and the Turtle Mountain School Division collaborated to create a partnership between themselves and other stakeholders. The Early Childhood Committee was formed to support families and promote positive development in early childhood through the effective use of community services. Action: Through regular meetings, the team works with partners to seek methods to enhance early childhood development. The committee uses the EDI (Early Development Instrument) scores to measure local child development, and plan programing to address improvement needed. The team has offered many strategies to parents and community to promote early childhood development. Results: One strategy is an Early Childhood education day for school division grade 11 students. The education session was introduced in 2002, and continues currently. Through collaboration, partners develop and facilitate learning experiences. The topics presented encourage positive early childhood development from the prenatal period to age five. This provides for the current or future information needs the students will have as parents or child care providers. Each year this full day session is held for grade 11 students in the two largest schools in the division, and has been made mandatory for graduation. Evaluation of the education day is provided each year by the students and also by the presenters, in order to modify and improve the session. Nursing Implications: A collaborative early childhood team could be developed by community health nursing in other areas where there is an interest in developing partnerships between public health, school and other professionals unique to their districts. The education session could be one model used to promote optimal early childhood development, and could be modified to address identified needs.

Learning Outcome 1 Highlight skills in developing collaborative partnerships within the health/education disciplines to promote health and social outcomes.

Learning Outcome 2 Be aware of tools and methods available for early childhood development promotion, such as EDI (Early Development Instrument)

Learning Outcome 3 Have an awareness of planning that can assist future parents to support their children to reach optimal health and social skills.

All Authors

Michelle Johnson, RN, BN, MSc (Inf. Dis.), Public Health Nurse, Priaire Mountain Health, Boissevain, Manitoba
The Family Research Agenda Initiative Setting Project: A Community Based Priority-Setting Partnership to Determine the Top 10 Research Priorities for Families with Children from Conception to 3 Years

Abstract Background: Public engagement in research is recognized by research communities and funding agencies as a promising strategy to reduce research-to-practice gaps. The purpose of the FRAISE project was to develop a partnership with parents and front-line service providers to identify and prioritize a top 10 list of research topics and questions for families from conception to 2 years of age. Methods: A modified James Lind Alliance (JLA) method, integrating a participatory action research approach, was used to develop a 3-phase priority-setting research partnership. For Phase 1, we created a steering committee to develop survey for parents, caregivers, and service providers to collect potential research topics and questions. In Phase 2, this survey was distributed online and in-person. During Phase 3, the steering committee themed and prioritized these research topics and priorities. Results: We successfully engaged a steering committee (n = 30) of mothers, care providers, community partners, and researchers to create a survey consisting of 12 broad topics. This survey received over 600 responses from a diverse range of participants who are typically underrepresented in child health research including fathers, members of visible minorities, new immigrants, and families experiencing social vulnerability due to low income. Preliminary analysis of overall mean rank demonstrated the top three research topics to be (1) Stress, Emotional, and Mental Health, (2) Sleep, and (3) Infant Feeding. Ranking by fathers was slightly different, with the top priority identified as Safety. Implications: This project provides an exemplar of an innovative method that uses partnerships to build an inclusive research agenda informed by the identified top 10 research priorities for families in community settings. Community health nurses will be critical in disseminating and mobilizing this research agenda, ultimately contributing to the development of more effective family and child health community-based services.

Learning Outcome 1 Identify effective strategies for developing and engaging with a community-based steering committee

Learning Outcome 2 Identify the top 10 research priorities for pregnant and parenting families

Learning Outcome 3 Generate potential research questions from the proposed top 10 research priorities that are most relevant to community health nursing practice

All Authors

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The Leadership Power of Community and Home Health Nurses in Transforming a Home Support Program Delivery

Abstract With complexity of care changing rapidly in the home health context, cost constraints driving change in service delivery models and a growing importance of demonstration of patient outcomes and value - it is imperative that home health service provider organizations understand their patient data, measure the right outcomes, can report transparently and make improvements in care and service delivery on a continuous basis. Home Support Workers at VON provide personal care and other housekeeping activities to clients with in their own homes. These workers are generally supervised by nurses who provide guidance, training and supervision. Service delivery models that leverage unregulated care providers observations; support shifts in reimbursement and patient classification models are key to measurable patient outcomes and operational effectiveness. In addition, such models should positively impact outcomes including the patient experience, patient safety, reduction in unnecessary hospitalization, emergency department use and premature long-term care placements. Integration of technology enabled solutions that support better ways to understand care delivery impacts and solutions that are scaleable and flexible to adapt to a variety of unique patient scenarios are imperative. Collaboration, working in partnership with the technology vendor and service provider, is a critical success factor in transforming care. This presentation offers participants a framework to guide and direct home support service delivery model design and showcases key elements of the framework and how those elements are brought to life with a technology solution to transform care delivery. Community health nursing leadership in Home Support Program delivery will be showcased including the creation of a new home support patient classification tool.

Learning Outcome 1 Articulate the key elements of a framework for successful measuring, reporting and continuously improving in a home support program

Learning Outcome 2 Understand the community health nursing leadership required to transform home support care and service delivery

Learning Outcome 3 Understand the components of technology enablement essential to success of transformation

All Authors

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The Nature of Place and Disadvantage in Home-Visiting: A Critical Look at How Geography Influences the Delivery of Nurse-Family Partnership

Abstract  Focus: Nurse-Family Partnership (NFP) is a health equity intervention for pregnant and parenting young women and girls living with economic and social disadvantage. Specially-trained public health nurses (PHNs) visit first-time mothers from early pregnancy until her child’s second birthday, providing care and support to improve health outcomes and life courses for mothers and their children. Visiting happens across a variety of geographical terrains that interact with how PHNs offer care to clients enrolled in NFP. The purpose of this presentation is to apply a feminist intersectionality lens to critically explore how geography influences the delivery of NFP in British Columbia. Methods: Using interpretive description methodology, this qualitative study explored how PHNs delivered the NFP across different geographical contexts. Over two years, 10 focus groups and 9 individual interviews were conducted with NFP PHNs (n=82). Findings: Health and place are intrinsically linked and NFP PHNs indicated that clients’ place intersected with circumstances that interfered with their wellbeing. Rural disadvantage is easily discernable, however, geography across all contexts compounded disadvantage for mothers in the NFP program. Clients in rural settings had limited available and accessible health services, whereas urban-dwelling mothers were overburdened by services and consequently could not maintain regular appointments. The ability to access space in rural communities restricted home-visiting but was a supportive factor in urban areas despite the frequency of homelessness. Travel time was a significant issue for nurses who were visiting across all contexts and PHNs were more likely to cancel visits to clients living in hard to access areas, particularly when clients did not confirm appointments. Conclusions: Geography must be considered in the delivery of home visiting to ensure adequate resources and supports for clients living with disadvantage. Addressing health problems associated with geography provides evidence for development of policy and future interventions across all contexts.

Learning Outcome 1 Apply feminist intersectionality to their client populations
Learning Outcome 2 Consider the influence of geography on delivering home visitation programs
Learning Outcome 3 Articulate the importance of health geography in client care, health service delivery, and policy development

All Authors
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The PACCage Model: A Dynamic Interdisciplinary Approach to Maximize Health Outcomes in the Community - A Story of Possibility.

Abstract The PACCage model was created by 4 RNs who wanted to enhance the possibilities of seamless client centred care. These nurses worked in diverse practice settings yet saw common challenges. The model components include Partnership, Advocacy, Communication and Culture. When these components are considered in care delivery, positive changes can be noted for an individual and a community. Community Health Nurses are uniquely positioned to lead the PACCage process and to provide 360 degree advocacy to achieve optimal outcomes for their clients and their communities.

Learning Outcome 1 Define the components of the PACCage Model

Learning Outcome 2 Relate how the PACCage model could fit in your CHN role

Learning Outcome 3 Summarize how implementation of the PACCage Model had the power to create positive health outcomes in the community described.

All Authors

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The Role of Technology in Women’s Empowerment: A Scoping Review

Abstract Background: This presentation focuses on the key themes that emerged from a scoping review methodology for a Masters of Nursing thesis. The research question was as follows: What is the impact of information and communication technologies (ICTs) on the level of women’s empowerment? Methods: Using an a-priori protocol, 51 articles were extensively analyzed and evaluated and key data were extracted for significant themes and concepts related to the research topic and question. Results: While ICTs were initially thought to be neutral in terms of access and opportunity, emerging trends now indicate that the use of technology within society has significant social implications, specifically related to gender as a determinant of health. The major themes that emerged from this review include: (a) gaps and inconsistency in how ‘empowerment’ is defined and operationalized; (b) characterization of the ways in which ICTs were used to promote empowerment; and (c) barriers and facilitators to achieving empowerment using ICTs as an intervention. The evolution of ICTs has broadened the issues surrounding access as well as how current and emerging technologies can be used by community health nurses to enrich client centered care. The evidence from this scoping review supports the innovative use of current and emerging technologies within the nursing profession to connect with, engage and empower vulnerable populations both within the acute and community settings. Conclusions: The extant evidence explores how ICT has played a role in the promotion and support of women’s empowerment as well as supporting the development of policies and relevant programs. Improved uptake of ICTs can assist in providing women with employment resources and opportunities that could narrow the gender wage gap, promote education and health literacy via e-learning initiatives, and reduce the incidence of violence against women.

Learning Outcome 1 Articulate the importance of ICTs in engaging patients within the community setting.

Learning Outcome 2 Assess how technology plays a role in the life and health of community members.

Learning Outcome 3 Design patient centred interventions that support empowerment within the community setting.

All Authors

April Mackey, RN, BsCN, University of Saskatchewan; Sandra Bassendowski, EdD, University of Saskatchewan
The Roles of the CHN in Pandemic Planning

Abstract Ten years have passed since the 2009 H1N1 pandemic, and historical evidence suggests that pandemics typically occur at intervals of 11-41 years, so we must remain vigilant. Based on lessons learned from 2009, the federal, provincial and territorial governments have updated the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP), which provides planning guidance to ministries of health prepare for an influenza pandemic. During a pandemic, all parts of the health system will be under stress; therefore, it is important to include the entire continuum of health care partners when planning for a pandemic. Nurses will play a key role in supporting the CPIP goal of protecting the health of Canadians by caring for the sick, supporting families and communities, and acting as advocates within the health care system. CHNs will assume responsibilities in many of the major components of the response, and will help bridge the gap between public and community health and primary/acute care services. The purpose of this presentation is to present the major components of pandemic preparedness and response from the CPIP, and interpret the guidance for the work of CHNs. For example: • How will CHNs contribute to the detection of an influenza pandemic? • How will CHNs support the national vaccine/antiviral strategy? • How will CHNs help prevent and control the transmission of the novel virus? • How will CHNs disseminate expert-scientific advice on pandemic issues? By informing CHNs on Canada’s CPIP, we will build awareness of the nation-wide health-sector approach that will be used for an influenza pandemic and help nurses understand their roles. This aligns with these abstract themes: advocating for healthy public policy and advancing the CHN roles.

Learning Outcome 1 Awareness of Canada's pandemic preparedness efforts.

Learning Outcome 2 Understand and advocate for the nursing roles in the major components of the Plan.

All Authors

Fanie Lalonde, RN, BScN, MScN, Senior Nurse Advisor, Public Health Agency of Canada, Ottawa, Ontario
The Social Determinants of Health and Previously Incarcerated People

Abstract The social determinants of health are determined by "structural aspects of society and the organization and distribution of economic and social resources" (Raphael, 2016, p. 8). Inequitable access to the social determinants of health may have lead individuals to experience incarceration. Because of this, it is especially significant to explore individuals’ experiences of the social determinants of health post-incarceration due to the prevailing inequity previously incarcerated people experience. Although individual decision making certainly plays a role, various structural forces may have created the conditions that shaped those decisions. Perhaps these same factors - the effects of societal structures, and the distribution of economic, social, and political resources impact the reintegration of PIP in Canada. Moreover, the impact that prison culture has on reintegration into Canadian society is a gap in the literature. Therefore, it is important to identify how this “inmate society” translates into either successes or challenges post incarceration, and the impact this has on further access to the social determinants of health. While research has been completed in the Canadian context on the social determinants of health it has largely focused on those currently incarcerated (Kouyoumdjian et al., 2015). To our knowledge, this is the first study to look at Previously Incarcerated People (PIP) and the social determinants of health as a whole. In this presentation, we will discuss how we framed our research and the factors that we deem important in successful data collection.

Learning Outcome 1 Explain the Importance of the Social Determinants of Health for Previously Incarcerated People

Learning Outcome 2 Discuss Factors Necessary for Engaging in a Successful Research Process with Previously Incarcerated People

Learning Outcome 3 Identify Potential Challenges when Working with Previously Incarcerated People

All Authors

Dr. Aliyah Dosani, RN BN MPH, PhD, Associate Professor, Mount Royal University; Gregory Blanko-Dickson, Student, Mount Royal University
Enabling posABILITES: Strengthening Therapeutic Relationships with Individuals with Intellectual Disabilities or Autism Spectrum Disorder

Abstract
Introduction: Individuals with Intellectual Disabilities or Autism Spectrum Disorder utilize the healthcare system more frequently because of this populations' increased prevalence of comorbidities1. Nurses report being unprepared when caring for this community2. Enabling posABILITES is a project created by a team of university undergraduate nursing students in collaboration with a community-based organization that supports this population. The goal of the project is to increase accessibility to client-centred care and to improve the quality of care received by these individuals by strengthening the knowledge, personal skills and coping abilities of College nursing students. Methods: The main model guiding this project is the Population Health Promotion Model3 supported by Primary Health Care4 and a Social Cognitive Theory5. The project developed evidence-based products and resources: an interactive workshop, a pamphlet and a mnemonic tool for nursing students to use as a reference. Results: By means of a Likert scale, all the outcome objectives of the project were met. More than 90% of the nursing students felt a sense of increased preparedness to care for this population and their families. Furthermore, 87% of participants report the intention to apply the mnemonic tool in the clinical setting. Conclusion: This project was a success and it represents a mean to enhance future nurses' abilities to care for and advocate for individuals with intellectual disabilities or autism spectrum disorder resulting in better health outcomes for this population. Promoting the development of personal skills facilitates community action and creates supportive environments to allow healthcare workers to better serve a marginalized group using Gottlieb's strength-based nursing framework6. Future endeavours might include presenting this community health promotion project to other educational and healthcare institutions promoting advocacy and knowledge of this population on a broader scale.

Learning Outcome 1 Will be have an improved understanding of the population's health needs due to various co-morbidities.

Learning Outcome 2 Promote advocacy and equitable care for this population

Learning Outcome 3 Apply patient-centered care framework when caring for this population.

All Authors

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Toronto Going Smoke-Free

**Abstract** As youth members of Toronto Public Health's Youth Health Action Network, and nursing student, advocacy of healthy public policy was done at the municipal level for multi-unit housing, movies, and campuses to go smoke-free. Over several years, strides have been made with plain cigarette packaging, condominiums adopting smoke-free policies, and most recently Ontario Universities going smoke-free. Key messages were created, and SMART goals were set to approaching tackling these issues. Subgroups of youth then took to the community by engaging stakeholders such as community members living in multi-unit housing, administering surveys, creating a resource toolkit, and taking to the streets by interviewing youth occurred. YHAN members also lobbied with Members of Provincial Parliament, and petitioned through the streets of Toronto to gain supporters for these motions. The unique position of youth as students of these institutions interested in advancing the public health through health promotion and education and working collectively to achieve common goals will be discussed and outlined. Community mobilization, capacity building, and the valuable community engagement done by youth alongside public health nurses will be showcased through a case example of a previous ban influenced by YHAN on hookah smoking and its positive outcomes. Findings are actionable to community health nurses engaging with youth on empowering youth and providing appropriate tools and resources to advocate for healthy public policy at a community and municipal level. The effects of smoke-free policy and smoking bans on the post-secondary environment and multi-unit housing and concerns to address by opponents and how this was handled by youth will also be discussed.

**Learning Outcome 1** Engaging and empowering youth to engage in healthy public policy and advancing the youth and student voice

**Learning Outcome 2** The long-term health effects of going smoke-free

**Learning Outcome 3** Hookah smoking ban influenced by YHAN as a case example

**All Authors**

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Towards Gender Transformativity in Community Health Nursing Practice

Abstract Issues/purpose: The diverse lived experiences and therefore the health needs and QOL of women/girls, men/boys and gender variant populations differ and these differences may result in health inequities. Central to critical Community Health Nursing is an approach that avoids individualizing health outcomes, searching rather for upstream causes of health inequities. To that end, a gender-based analysis rooted in intersectionality can greatly enhance CHN analyses and approaches to address health inequities rooted in race, gender, class, ability, sexual orientation, and age. In this session, participants will be (re)introduced to concepts associated with a GBA+ approach including delineating between sex & gender, exploring and de-bunking gender-based expectations, exploring Indigenous notions of gender, understanding the particular structural inequities faced by gender-variant populations and ultimately shifting to gender-tranformative Community Health Nursing practice. Finding solutions: Gender-based biases impact the quality of life of Canadians, and Community Health Nurses are well-positioned to lead a gender-tranformative approach to practice, programming, policy, and research. By participating in this presentation, participants will be better equipped to successfully attain the Government of Canada’s GBA+ Certification and take this knowledge and approach to their respective CHN work. Relevant participant outcome objectives: To “acquire practical tools, products and processes to advance practice and to “discover innovative leadership strategies”.

Learning Outcome 1 Distinguish between the concepts of sex & gender in order to understand the leading health issues facing boys, men, girls, women and transgender individuals.

Learning Outcome 2 Understand how health outcomes relate to gender and gender-based norms while recognizing the necessity of an intersectional lens to gender-based CHN work

Learning Outcome 3 Develop preparatory knowledge and skill to ensure successful completion of the Status of Women Canada’s Gender Based Analysis + Certification

All Authors

Dr. Cheryl van Daalen-Smith, RN, PhD, York University, Toronto, Ontario; Dr. Aliyah Dosani, RN, PhD, Mount Royal University, Calgary, Alberta
Trauma- And Violence-Informed Care for Community Health Nurses

Abstract Trauma and Violence Informed Care is an approach to health care that builds on trauma-informed practice to take into account the impacts of trauma and violence on health, and build health services that promote safe and effective health care for trauma survivors and people experiencing violence. TVIC supports nurses to address client’s experiences of both interpersonal and structural forms of violence. A theory- and evidence-based workshop on TVIC was developed and implemented at 4 primary health clinics as one component of the Equipping Health Care for Equity (EQUIP) research project, and evaluated through interviews and surveys with staff. The approach has now been adapted to diverse settings, including public health and Emergency units. We have integrated this approach in an intervention provided by community health nurses to women who have experienced violence. In this session we engage community health nurses to integrate TVIC to their practice settings. This workshop style session opens with an icebreaker activity, called the the TVIC POWER SHUFFLE, then provides an overview of TVIC (talk and power point with hand outs and an activity to rate the organizational support for TVIC). The participants are then invited to share exemplars illustrating the alignment between their practice and practice setting and a TVIC approach, and to practice with and appraise the usefulness of a range of on-line and text-based resources for enhancing TVIC in their practice. The workshop closes with an appraisal and planning for enhancing TVIC at the level of the practitioner and the organization.

Learning Outcome 1 Describe the key elements and advantages of taking a TVIC approach to community health practice

Learning Outcome 2 Demonstrate practical skills related to a TVIC approach to practice

Learning Outcome 3 Plan strategies for increasing the TVIC orientation of their practice setting

All Authors

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Understanding Social Exclusion among Older Women Living In Rural Communities - A Qualitative Inquiry

Abstract There is a burgeoning population of older adults in Canada and globally. In the past 10-15 years, a growing urgency has emerged both in policy and in literature to understand the health issues facing this population, and the best way to promote healthy aging in the context of world austerity measures. Utilizing a social exclusion lens to understand issues impacting on older adult health provides a unique opportunity to under health inequity. Utilizing a qualitative approach with methodological principles from interpretive description, this present research examines social exclusion experiences of older women living in rural communities in Ontario, Canada. Social exclusion has been identified in the literature as a determinant of health for seniors and as a social justice issue warranting attention on a global scale (Keefe et al, 2006; Yanicki, Kushner & Reutter, 2015). The risk factors for social exclusion are numerous and include being female, living alone, and having illness or disability, among many others (Kembhavi, 2012; Popay et al, 2008; National Seniors Council, 2014). Six themes are identified that help to illuminate health inequities faced by rural older women and the values ascribed to living in rural communities. Themes are considered within the context of the global social exclusion literature. Nurses working in health policy development and implementation of programs and services will benefit from understanding the complicated issues older women face as they age, and the factors which preclude them from full participation in society. Participants will learn about opportunities for public health policy and action based on this study’s key recommendations. Utilizing a gendered lens, study recommendations include addressing older adult health equity issues that support older women to remain in their rural communities, foster a sense of belonging and peer connection, utilizing unconventional channels for engagement and supporting access to health-promoting programs and services.

Learning Outcome 1 Have a competent knowledge base of the dimensions of social exclusion faced by rural dwelling older women from a Canadian perspective

Learning Outcome 2 Have capacity to advocate for and appraise health policies and programs to ensure healthy equity issues are addressed using a social exclusion lens.

Learning Outcome 3 Be inspired to explore further research questions related to older adult health inequities and critically question current policy/program implementation.

All Authors

Sherry Nesbitt, RN, M.Sc Student; Christy Gombay Ph.D; Sandra Isaacs Ph.D: McMaster University, Hamilton, ON
Using a Case Based and Role Playing Video Making Activity to Enhance BScN Learner Knowledge About the Importance of Family Nursing for Healthy Communities

Abstract Purpose: To facilitate an experiential learning experience, for learners in a BSCN program, intended to highlight the importance of Family Theory in Nursing and the role of ‘family’ for healthy communities. Issue: In the current learning environment where students view learning for acute care settings as more important, it becomes critical to help expand the lens with which they view health; that is, not only from a traditional illness model but to include how health impacts families, and vice versa, in all settings. While learners often grasp the basic concepts related to diversity in family composition, they somehow still display knowledge gaps when it comes to understanding the role of family structure, function, as well as connections, and why ‘involving’ families in health care is important. Findings: Using the Kolb framework for experiential learning, groups of four began the assignment with the thinking phase, ending with the reflection phase. They were randomly assigned skeleton scenarios of family situations which required consolidation of, pre-existing knowledge, new information learnt in the classroom, and were expected to research information pertinent to the assigned scenario prior to creating their video interview. The objectives were to identify potential resources, as well as challenges, when caring for families, to experience the challenges of team work and/or variant real life situations, and, to challenge their pre and post assumptions and knowledge through researched role play. Recommendations: The reflection process demonstrated that the learners were able to evaluate and process the possibilities of the range of choices and decisions available for any given permutation in health care. Key Learning Outcomes: Experiential learning fosters the scholarship of teaching and learning of undergraduate competencies for the role of family theory in community health nursing education, bringing the dynamics of family and health, health and family to the forefront.

Learning Outcome 1 Appreciate the importance of building scholarship through interactive methods among BScN students pertaining to Family Theory in Nursing

Learning Outcome 2 Better appreciate how research for role playing activities can support positive experiences of learners to adequately and appropriately prepare them for working with families

Learning Outcome 3 Appreciate a preparation process for working with families that not only creates transparency and consistency, but that can also facilitate active and objective engagement with families

All Authors

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Using the CHNC Standards of Practice to Outline the Scope and Depth of Practice of a Nursing School-Led Clinic Providing Services to a Marginalized Population

Abstract Introduction: The first pilot year of a Nursing School-led, Nurse-led clinic based in a Homeless Shelter was a success and a 5-year renewal of the partnership between the School and the Shelter was signed in July 2018. Measurements done during the pilot year included the number and reasons for visits, the quantity of follow-up and the rate of referral to other health professionals, medical clinics or hospital emergency rooms. The profile of non-infectious health issues of the clientele was also tabulated. However, no measurement was done regarding CHN practice at the clinic. In fact, the goal is to identify the CHNC Standards of Practice of a Nursing School-led clinic delivering primary care in a men homeless shelter. Methods: A CHNC seed grant was awarded to conduct this study. A programmer was hired to create an Access file to compile the Standards. Since last fall, a nurse clinician and 6 students doing their practicum are recording the indicators of the Standards met after each of their client’s visit. The same process is to be repeated during the winter and spring semesters. The nurse clinician will also continue to enter the data while seeing clients outside the student’s practicums (summer months). The plan is to have one full year of tabulated indicators of the Standards. Results: So far, the preliminary data shows that all the seven Standards and several indicators are used and met. It will be very interesting to map all the indicators and Standards against an innovative CHN practice. Conclusion: A Nursing-School-led clinic providing primary care services to an underserved population is a ground-breaking initiative. Beyond reporting descriptive statistics of its use and clientele profile, it is essential to report the scope and depth of our CHN professional practice using the Standards of Practice tailored to our professional work.

Learning Outcome 1 Learn about an innovative nursing intervention with a marginalized population

Learning Outcome 2 Learn about how the CHNC Standards of Practice can measure the scope of practice of a nurse-led clinic

Learning Outcome 3 Learn how to apply the revised CHNC Standards of Practice to measure the scope of practice of a nurse-led clinic

All Authors
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Abstract Problem Statement: 1 in 5 Canadians, and 1 in 2 adults over the age of 65, have Arthritis. As Canada’s most prevalent health condition, if left untreated, it can lead to significant and often irreparable damage to joints. There is no cure for most forms of this lifelong condition. Many Canadians living in rural and remote areas have to travel great distances to seek the specialist they need, sit on waitlists to see the closest specialist available, or go without. The Solution: Through the use of innovative Bluetooth technology, our pilot Virtual Rheumatology Clinic (VRC) has been established in Bayshore’s Thunder Bay, ON office. With this advance in patient care, 3 rheumatologists, in 3 different locations in southern ON (Etobicoke, Milton, Niagara Falls) are all able to use the secure telemedicine platform, and perform robust physician consultations and follow-ups virtually without impacting quality of care to the patients they serve. The technology combines online physician access, digital patient records, and real-time streaming of patient vitals. The clinic visits are facilitated by a specialist nurse trained in arthritis assessments. This nurse sees the patient in advance of the specialist, and then facilitates the virtual visit with the specialist. Our Health Innovation Team (HIT) has seen 104 patients, and scheduled more than 165 follow-up visits for more than 269 visits thus far. Had all these patients needed to travel to Toronto to see their specialists, and received funding grants for travel ($1100/person), that would have cost an estimated $295,000, and does not include the monetary amounts of those needing escorts. Bayshore is working collaboratively with St. Joseph’s Health Group (local hospital), Dr. Fidler and the Arthritis Society to quickly, fairly and equitably reduce the patient wait list, for rheumatologists, in Thunder Bay.

Learning Outcome 1 How to improve access to specialist care in rural and remote geographies.

Learning Outcome 2 Understand the positive impact on clients when care is more timely and accessible.

Learning Outcome 3 Understand the positive system impacts of virtual care

All Authors

Kimberly Brooks, RN, BScN, MBA, Bayshore Healthcare LTD, Nanticoke, ON
We Implemented a Great Performance Management Framework Yet Something was Missing

Abstract A large public health unit developed and implemented a robust infrastructure that supports the development and integration of organizational performance management systems. The performance management systems, based on a performance management framework, help to identify what standards of performance should be, measure progress towards the goals, and inform opportunities for improvement. By operationalizing the framework, the health unit identified that something was missing. A Theory of Change was added as a new and important evidence-informed planning method to strengthen the performance management systems. Through this workshop, participants will be able to identify the components of a performance management system, understand how a performance management system leads to quality data and evidence-informed decision making, and appreciate how a theory of change strengthens the development of a performance management system.

Learning Outcome 1 Participants will be able to discuss the approach to developing a performance management system and the four components implemented at the health unit.

Learning Outcome 2 Participants will be able to use practical tools from the workshop to support the development and integration of a performance management system and theory of change at their own health unit.

All Authors

Annette Sonneveld, RN, BScN, Toronto Public Health, Toronto, Ontario
We Need More Help: Saskatchewan Refugees’ Voice Their Experience with Mental Health Services and Resources

Abstract Today there are millions of identified refugees around the world. Several of these refugees have settled in various locations across Canada, including Saskatchewan. Refugees are at risk for mental health issues because of: a) stress associated with the migration and resettlement process; b) past experiences with violence and war; and c) changes to their support networks. Saskatchewan is a province with low population, extreme weather, and has fewer resources. There was a need for more research on the refugees’ experience in Saskatchewan. Using Patient-Orientated Research, this study explored how social networking affects the refugees in Saskatchewan’s mental health and wellbeing.

A stratified sample was used to select 30 refugees in Saskatchewan for 60-120 min in-person interviews with trained research assistants who used interpreters. Interviewees represented five refugee groups (Burundi, Congolese, Syrian, Eritrean, and Bhutanese) at two stages (new and established), with three key informants selected to represent each combination. The data was analyzed using thematic analysis. Consensus of findings was established among the research team (which included refugee patient advisors). The results showed language was a barrier for accessing mental health services and resources for all of the refugee participants (new and established). It was discovered that improvements with the interpreter services are needed to help address the language and relational practice barriers the refugees in Saskatchewan are experiencing, at all levels of the health promotion model. This presentation shares the study’s results to raise awareness of the experiences of refugees in Saskatchewan and to advocate for change. Those who attend the presentation will gain an understanding of how language barriers are impacting the refugees’ mental health, and the multidisciplinary partnerships required to assist in addressing these barriers. This knowledge may be applicable for refugees living in similar locations in Canada.

Learning Outcome 1 Understand the Saskatchewan refugees’ experience with mental health services and resources

Learning Outcome 2 Gain insight into the multidisciplinary team required to address the barriers the refugees are experiencing

Learning Outcome 3 Identify ways they can advocate for refugees in practice

All Authors
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Working With Psychiatric Consumers/Survivors: Theory, Method, Advocacy

Abstract While designing a relatively large community research project, we were faced with the task of gaining authentic entry into the psychiatric consumer/survivor community. A central part of this project required not only building partnerships with this community, but also maintaining at the forefront of the research the community’s voice, identity, and the strengths that it contributes to the outcomes of the project. While we had a critical orientation toward the structures that marginalized this community and had been activists alongside many of its members, we also recognized that in large part, we remained “outsiders.” Critical elements necessary for a trusting entry into this community and authentic relationship building with its members involved having to some degree lived experience of mental health challenges and personal interactions with the psychiatric system, neither of which we possess. Moreover, this particular community is known for resisting—and in many instances rejecting—the professionalization of mental health services, which added to the complexity of the relationship-building process, given our professional identity. Reporting on the design of a community-university partnership study, we discuss the distinct ways—our theoretical orientation, our research methodology, and our previous advocacy efforts—by which we gained authentic entry into the community of psychiatric consumers/survivors.

Learning Outcome 1 Discuss some of the complexities involved in building partnerships with the psychiatric survivor/consumer community

Learning Outcome 2 Discuss partnership-building in the context of conducting community-based research

Learning Outcome 3 Identify elements necessary for building partnerships with the psychiatric survivor community

All Authors

Simon Adam, RN, PhD, York University, School of Nursing Toronto, Ontario; Linda Juergensen, RN, PhD(c), York University, School of Nursing, Toronto, Ontario
Workplace Violence Prevention Starts with Civility and Respect

Abstract A lack of civility and respect are at the root of all trust, violence, harassment and bullying issues within workplaces, including healthcare. At the same time, violence prevention cannot happen without workplace civility and respect. Mentally-healthy workplaces include prevention measures – policies, procedures and practices - regarding workplace harassment and violence. Also, workplace hazard and risk assessments must be comprehensive to account for sexual, domestic and workplace harassment and violence. Based on both regulatory and ethical considerations, participants will discuss and map out your organization’s present state on workplace and violence harassment prevention and review what prevention steps are still needed for their community healthcare environments.

Learning Outcome 1 Outline what workplace violence and harassment is and how it impacts on their current community healthcare workplace environment

Learning Outcome 2 Take action on what workplace hazard and risk assessments steps that will account for all forms of violence - including harassment, sexual and domestic situations

Learning Outcome 3 Map out what their organization needs to incorporate further prevention steps, including civility and respect as a prevention bases for workplace violence and harassment

All Authors

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Community Health Nursing Leaders in System Transformation

Systems transformation requires leadership strategically used to create preferred or required changes. This leadership capacity is integral to the expected practice for community health nurses (CHNs) in the Canadian Community Health Nursing Standards of Practice (revised 2019) and in the knowledge and skills for public health nursing leadership in the Leadership Competencies for Public Health Practice in Canada (2015). Within systems transformation, leaders begin to comprehend how they perceive change and what change means. Through reflection, leaders can gain insight on changes and when they decide to act on them. Moreover, leaders consider social justice and health equity within system transformation to foster truth, understanding, respect and reconciliation among Indigenous and non-Indigenous peoples. To promote healthy public policy and challenge structural changes, it is important to collaborate and partner with others to integrate relevant players, knowledge and expertise. Public health nurses in particular witness growing social inequities and injustice regarding social determinants of health for Indigenous and non-Indigenous clients and populations on a daily basis. Systems transformation competencies are required to address these issues using cultural safety and humility, knowledge translation, guided change, systems thinking, critical thinking and advocacy. In an interactive full-day pre-conference is planned focusing on system transformation with an esteemed panel of CHN nursing leaders including Cheryl Cusack, Claire Betker, Josephine Etowa, Lisa Perley-Dutcher and May Tao. In addition a facilitated hands-on activity with Joan Reiter will enhance leadership capacity in applying a quality improvement tool to a health equity case study related to Indigenous health. This will assist participants to advance leadership development in system transformation among frontline nursing practice, education and administration.

Workshop Participant Outcomes:

1. Discover the Canadian settler history as Indigenous and non-Indigenous peoples through the blanket exercise
2. Describe leadership competencies for systems transformation
3. Explain strategies and tools to support systems transformation and reduce health inequities
4. Apply system transformation strategies addressing health inequities through practice examples

Trigger warning: The Kairos Blanket Exercise walks through difficult life experiences, such as Indian Residential Schools, the Sixties Scoop and other instances of colonial violence and policies that have negatively affected Indigenous Peoples.

Presenters:
Ruth Schofield, RN, MSc(T), McMaster University; Genevieve Currie, RN, MN, Mount Royal University; Francoise Filion, RN, MScN, McGill University; May Tao, RN, MScN, Toronto Public Health; Morag Granger, RN, Manager, Clinical Integration, Public Health; Audrey Danaher, RN, Consultant
Stigma Ends With Me: An examination of stigma related to problematic substance use, and strategies to promote equity and reduce barriers to care

The Public Health Agency of Canada, in partnership with the Canadian Centre on Substance Use and Addiction, the Community Addictions Peer Support Association, and EQUIP Healthcare, will be hosting a full-day pre-conference workshop on stigma related to problematic substance use.

The interactive workshop will highlight the impacts that experiences of stigma have on people who use drugs, particularly within health and social-service settings, and provide participants with evidence-based approaches to addressing stigma and barriers to care in the various settings in which they work.

Stigma will be examined through various lenses, including from the perspective of people with lived and living experience, as well as links between stigma, trauma and violence and equity-oriented care.

**Workshop Objectives:**

1. To increase participants’ awareness of stigmatizing attitudes towards substance use and substance use disorders, and the harms that these attitudes cause in our society.
2. To increase participant’s understanding of the intersections among multiple forms of stigma (e.g. related to substance use, mental health and poverty) and discrimination (e.g. racism).
3. To increase participants’ knowledge of where they need to make personal changes to their own language, attitudes or behaviours.
4. To increase participants’ understanding of the linkages between stigma, trauma, violence and problematic substance use.
5. To increase participants’ capacity to address stigmatizing and traumatizing language and practices within the various settings in which they work, to reduce barriers to care.
6. To increase participants’ knowledge of point-of-care, provider- and organizational-level strategies to promote equity (non-stigmatizing approaches to service delivery), including trauma- and violence-informed care, cultural safety and harm reduction.

**Workshop presenters:** TBC
How to Avoid Becoming a Legal Case Study

This presentation will start with a review of the distinction between scope of practice, standards of practice, the standard of care, and scope of employment. Current legal issues, like privacy of health information, and common legal proceedings will be presented with a view to understanding the legitimate professional obligations of a nurse. The common legal defences will be reviewed to ensure they are part of your professional practice. Actual Canadian cases will be used to illustrate these concepts, providing the opportunity for discussion amongst the assembled nurses. Come prepared to enliven the morning with your contribution.

Learner Outcomes:

1. Attendees will understand how the law sees the nurse
2. Attendees will understand the how to incorporate the defences to common legal proceedings into your practice
3. Attendees will have the opportunity to raise questions for discussion with the presenter and the nurses in attendance

Presenter:

Elaine Borg, BNSc, RN, LLB, Legal Counsel, Canadian Nurses Protective Society (CNPS®)
Indigenous Nursing Knowledge: Moving Forward versus Virtual Transition – Who’s really moving?

The session will look into the progress to date of the CINA partnerships with external stakeholders in addressing the TRC’s Calls to Action, addressing recruitment and retention, and policy development for regional, national and international engagement. Participants will be able to look at the “Calls to Action” that drive engagement and capacity building of Indigenous nursing across Canada. This will also be an opportunity for discussion on the “2020: National Nursing Leadership Conference”. In addition, discussing the environment on recruitment and retention while trying to understand the anticipatory workforce requirements for Indigenous nurses. Finally, looking back on 45 years of CINA.

NOTE: For any members that may have photos, programs, newsletters, etc. of CINA since 1974 are asked to bring these along to the session; you won’t be disappointed by your contributions.

Presenter: Marilee Nowgesic, CINA Executive Director and CINA Executive
From Planning to Performance to Improvement: Developing a Performance Management System

Performance management is the ongoing process of setting performance standards, systematically measuring performance overtime, and making improvements based on data.

Participants will be introduced to how a Performance Management Framework was operationalized at Toronto Public Health. Tools and templates such as theory of change, data dictionaries and data collection plans will be shared to showcase how the framework can be operationalized to develop performance management systems. This framework includes the following four components, 1) Planning and Reviewing Standards, 2) Developing Performance Measures, 3) Collecting, Analyzing and Reporting Performance Measures, and 4) Improving Performance. Through public health examples, participants will be able to understand and apply various steps from these four components. (Note: This workshop is not covering management of individual employees or employee performance reviews).

A coordinated and integrated performance management system ensures continuous improvement and evidence-informed practices. By sharing the framework and related tools and resources, it is hoped that other community organizations will be able to apply them as they strive towards effective practice.

Workshop Participant Outcomes:
1. Identify the components of a performance management system
2. Understand how this system leads to quality data and evidence-informed decision making
3. To gain practical tools and resources to support the development of a performance management system.

Presenter:

Annette Sonneveld, RN, BScN, Supervisor, Performance Management, Toronto Public Health
Remembering the Future

Global action on climate change and pollution has been increasing and will benefit from the collective power of community health nurses. This keynote will open with a synopsis of the ecological determinants of health and how they intersect with the social determinants of health to create environmental health equity and inequities. The ecological determinants of health are fundamental to all life and community health nurses are well positioned to help achieve environmental justice for current and future generations.

Presenter:

Dr. Andrea Chircop, PhD, RN, Assistant Professor, School of Nursing, Faculty of Health, Dalhousie University