



# **Public Health Nursing**

## **Strength, Knowledge, Professionalism, and Solid Expertise in Improving Population Health**

**PHN Summit April 27, 2010**

Katie Dilworth, RN, MHSc, CCHN (C)  
Community Health Nurses' Initiatives Group (CHNIG) President

Thank you to the OAHPP for inviting us today to begin a dialogue about collaboration with nurses in PH to improve population health.



## Public Health Professionals

### Assumptions:

- PH needs a strong, skilled workforce
- Core/Discipline specific competencies
- Nurses are key professionals in public health

### Assumptions:

No debate necessary, we need a **strong, skilled workforce in public health**. After all, what are we in PH but our workforce. There's no fancy machines to rely on, it's just the people who make the difference

**Core/discipline specific competencies** have been developed over the past few years, and employing those who meet them is a recognized cornerstone of a strong public health system.

**Nurses are key professionals** in public health - we need not look any further than the critical role of PHNs in Ontario's response to the H1N1 pandemic to see the knowledge and skills they possess.



## Nurses in PH

- 3.4% of all nurses in Ontario working PH
- Single most common profession in HU
- Several categories
  - PHNs - Qualifications defined in HPPA
  - RNs
  - RPNs
  - RN (EC)

**3.4% of all nurses are working PH in Ontario.**

**Single most common job category is PHNs** Nurses make up at ½ of direct program delivery staff in Ontario's public health units. The majority of these are public health nurses (Tamblyn, S. & Hyndman, B. 2005), but also nurses in alternate positions contribute to administration, policy and research work as well.

It's important to recognize that there are **several categories of nurses** in PH

**PHNs**, who's qualifications are **defined in the Health Protection and Promotion act (HPPA)** (section 71(3) Public health nurses must be a member of the college of nurses of Ontario as well as have baccalaureate level education. BScN education includes courses on Community Health Nursing which focus on Social Determinants of Health , health promotion, protection, prevention

**RNs and RPNs** who are generally assigned to more circumscribed roles within public health, (e.g., immunization and TB programs).

Some HU employ **Nurse practitioners** – who are RN (Extended class [EC]) or RNs with advanced training.



## Why nurses?

- Synthesized knowledge
- Environmental context influences health.
- Disease prevention, health protection and health promotion are goals of professional practice
- SDOH work foundational to PHN practice

So why are nurses so important to PH practice?

It's because Nurses **Synthesize knowledge** from nursing science with public health sciences, primary health care (including the determinants of health), and theory and knowledge of the social sciences

Their practice is based on a unique understanding of how the **environmental context, influences health.**

**disease prevention, health protection and health promotion are goals of professional nursing practice**

Embody a holistic perspective to health, where **SDOH work foundational to PHN practice**

# PHN competencies

- **Core Competencies in Public Health**  
(e.g., demonstrate knowledge about ... inequities in health)
- **Community Health Nursing Standards**  
(e.g., apply principles of social justice and engages in advocacy...)
- **Public Health Nursing competencies**  
(e.g., A public health nurse is able to... facilitate the change process to impact the determinants of health and improve health outcomes...)



Figure 1 - Canadian Community Health Nursing Practice Model

Not only do PHNs have **Core Competencies in Public Health** as a foundation which does have a focus on the Social determinants of health, but long prior to the establishment of the core competencies PHNs had the

**Community Health Nursing Standards** These are widely accepted national standards have a very strong focus on social determinants of health and recognize health inequities are reflections of social inequities.

The **Public Health Nursing competencies** used these standards to build on the core competencies and have an extremely strong focus on improving population health outcomes.



## PHNs: advancing education

- Advanced education
  - Certification in Community Health Nursing
  - Provincial/National professional development opportunities: CHNC conference, webinars
  - Formal education (MN, MPH, PhD, etc.)

Building on this foundation PHNs are constantly **Advancing their education** in endeavours such as

**Certification in Community Health Nursing.** This is a national certification with The Canadian Nurses Association which many HU are strongly supporting their nurses to complete. The certification is based on competencies derived from the Standards

As well, there is an overwhelming thirst **for National/Provincial professional development initiatives:** such as the CHNC conference. CHNIG is partnering with National group (CHNC) to bring hundreds of nurses from across the country who work in PH together to exchange knowledge and ideas and generate solutions. This year's conference is being generously supported by the OAHPP. CHNC and CHNIG have also had a terrific response to Webinar education offered to CHNs.

Many nurses are also furthering their education with MN, MPH, and even PhD studies. Beatrice McDonough a PHN in Hamilton, and a member of the CHNIG executive, has brought a sample of her work on her PhD for you to see.



## PHNs: Solid Expertise in SDoH

- History of reducing health inequities
  - Individual level
  - broader level
- First hand knowledge gained on the front lines allows nurses to speak effectively about research, practice and policy development



What this means is that nurses have **Solid Expertise in SDoH**. They **understand vulnerability** because they have a first hand information about how living and working conditions influence health. PHNs understand how health inequities are reflections of social inequities by being with the impoverished in their homes, listening to them and understanding their experiences.

Nurses have a proud history of reducing health inequities:

At the **Individual level** nurses provide assessment and education (e.g., such as healthy sexuality, mental health, breastfeeding, parenting). They also do individual advocacy, empowerment and provide referral (e.g., to food access services, housing, employment and social services).

At a **broader level**: Nurses are involved in research and policy development (e.g., school nutrition policy, OPH standards, capacity review). They build partnerships and use a community development approach. They plan, participate in and evaluate programs. They do broad advocacy, social action, and contribute to consciousness raising. They are very effective at lobbying to influence public policy to change structural factors that inhibit health.

This **first hand knowledge gained on the front lines** allows nurses to speak effectively about research, practice and policy development. It also results in an unmistakable passion by public health nurses to drive change to support individuals living in poverty.



**“That’s dinner for a family of 3.”**



**“When you have kids, your fridge is not supposed to be like that.”**

Here’s an example of a Nursing research initiative currently underway.

It’s the Perspectives of Parenting on a Low Income in Toronto Project which explores parenting while living on a low income from the perspective of parents, Public Health Nurses, and Family Home Visitors.

These two pictures were taken as part of this project by a low income parent with two young children. These photos depict issues related to food access and conditions within the home. These are situations Public Health Nurses encounter daily in their work.

PHNs assess the family’s needs and link them to community resources (e.g., food bank) and advocate on the client’s behalf to access additional financial resources, such as TTC tokens, food vouchers, and child care subsidies.

OAHPP has an important role in generating knowledge on the application of PH nursing research on effective PH interventions. Nurses can help generate that knowledge

## System Outcomes

- PHNs contribute to:
  - Reduced Incidence of child abuse and neglect
  - Delayed and decreased institutionalization of elders
  - Fewer and less frequent hospitalizations for people with mental illness
  - Improved quality of life for individuals and families
  - Decreased hospitalization for heart attacks, strokes and respiratory diseases

PHNs make a difference by contributing to:

Reducing incidence of child abuse and neglect

Delayed and decreased institutionalization of elders

Fewer and less frequent hospitalizations for people with mental illness

Improved quality of life for individuals and families

Decreased hospitalization for heart attacks, strokes and respiratory diseases decreased significantly in Toronto since the city banned smoking in bars and restaurants

PHNs can and should contribute to and **shape the work done through OAHPP** on social determinants of health

## References

- College of Nurses of Ontario (2009). *Membership Statistics Report*. <http://www.cno.org/about/stats/reports.htm>
- Community Health Nurses Association of Canada. (April 2008) *Canadian Community Health Nursing Standards of Practice*. Ottawa.
- Community Health Nurses of Canada (May 2009). *Public Health Nursing Discipline Specific Competencies Version 1.0*.
- Falk Rafael, A., Fox, J., Mildon, B. & O'Donnell R. (1999). *Position Statement on Public Health Nursing*. Community Health Nurses Initiatives Group of the Registered Nurses Association of Ontario.
- Hamilton, N. and Bhatti, T. "Population Health Promotion: An Integrated Model of Population Health and Health Promotion," Working Paper, Health Promotion Development Division, Health Canada, October 1995.
- Tamblin, S. & Hyndman, B. (2006). *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee*, Toronto:Ministry of Health and Long-Term Care, 19.
- Registered Nurses' Association of Ontario (2003). *SARS Unmasked: Final Report on the Nursing Experience with SARS in Ontario*. RNAO: Toronto. [http://www.rnao.org/Page.asp?PageID=122&ContentID=1685&SiteNodeID=401&BL\\_ExpandID=](http://www.rnao.org/Page.asp?PageID=122&ContentID=1685&SiteNodeID=401&BL_ExpandID=)
- Rafael, A. (1997). *Every Day has Different Music: An Oral History of Public Health Nursing in Southern Ontario, 1980-1996*. Unpublished doctoral dissertation. University of Colorado.