A Synthesis of Canadian Community Health Nursing Reports

A Report Submitted to Community Health Nurses of Canada

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The contributions and perspectives of members of the Political Action and Advocacy Committee of Community Health Nurses of Canada and external stakeholders are gratefully acknowledged and were valuable in guiding the work of this paper.

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Key Messages

Recommendations and findings of eight reports addressing community health nursing issues were synthesized to identify relevant themes, gaps, and areas of convergence. The reports included a literature review; descriptive qualitative and quantitative studies of community health nursing and nursing education; and an environmental scan.

Reported findings centered on six issues: health systems, community health nursing domains of practice (role clarity), leadership, access to capacity, interprofessional issues, and nursing education. Relevance of the findings to home health nursing and public health nursing was also explored.

Convergence of findings was found in several areas including but not limited to:
- Impact of the health system on the delivery of care by community health nurses
- The need to work at full scope and greater clarity for the community health nursing role in all domains of practice
- The need for access to a range of resources such as professional development and health human resources;
- The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors.
- The importance of nursing leadership in supporting practice and providing a voice for the profession.
- The need for strong educational preparation

Further research is needed to better describe the community health nursing work force. The complexity of care, reflected in high acuity levels of clients, presents ongoing challenges for community health nurses. Leadership remains a critical issue for community health nursing.

The following are recommended:
- Establish a Task Force to review the recommendations as a foundation to developing a national action plan for community health nursing.
- Host a forum to gather input from the community health nursing community and relevant stakeholders regarding a national action plan.
- Advocate for increased research capacity: knowledge acquisition and transfer as well as community based participatory research.
- Strengthen partnerships with other sectors and professions for optimum health care and to advocate for systems change.
- Advocate for long term stable funding of community health programs and structures that address the determinants of health.

- Develop and deliver educational initiatives/programs tailored to the needs of community health nurses.

Executive Summary

Recommendations and findings of recent reports relevant to community health nursing issues were synthesized to identify common themes, areas of convergence, and directions for further work. The purpose of the synthesis was to provide a platform for the Community Health Nurses of Canada (CHNC) and relevant national policy makers to plan a course of action designed to improve health outcomes for people living in Canadian communities.

The reports included a literature review, descriptive qualitative and quantitative studies of community health nursing, and nursing education, and an environmental scan. Three of the eight reports specifically addressed public health nursing. Findings were primarily reported for community health nursing in general, rather than by sub sector (e.g. home health, public health, occupational health) due to limitations in data collection capability.

The synthesis of findings took into account six issues: health systems, community health nursing domains of practice (role clarity), leadership, access to capacity, interprofessional issues, and nursing education. Relevance of the findings to home health nursing and public health nursing were also explored.

Although the findings addressed a range of issues in all domains of community health nursing practice, and at multiple levels within health care, the focus for many of the reports was on practice issues and nurses working at the point of care. Challenges in the health system were found to have a significant impact on the ability to deliver care and promote optimal health to individuals, families, and communities. The complexity of care, reflected in high acuity levels of clients, presents ongoing challenges for community health nurses. Measurement tools are needed to capture this complexity.

Convergence of findings were found in several areas including, but not limited to:
- Impact of the health system on the delivery of care by community health nurses
- The need to work at full scope and greater clarity for the community health nursing role in all domains of practice
- The need for access to a range of resources such as professional development and health human resources;
- The need to build on successful collaboration within nursing and strengthen partnerships with other professionals and sectors.

- The importance of nursing leadership in supporting practice and providing a voice for the profession.
- The need for strong educational preparation

The reports were also reviewed in order to identify gaps and implications for community health nursing. Report findings not only noted the attributes and enablers to effective practice, but also barriers such as health systems and structural issues that created challenges in optimal delivery of care.

In going forward, a social justice framework and the values and beliefs of community health nursing, as reflected in the Canadian Community Health Nursing Standards of Practice (CHNAC, 2008), are proposed as the lens through which planning and decision-making should occur.

Recommendations

The recommendations for this report are based on the synthesis of findings and are grounded in the attributes of social justice and the values and beliefs of community health nursing (CHNAC, 2008).

1. Establish a Task Force with representation from home health, public health, community health nursing in general, and nursing education to review the recommendations from the eight reports with the intent of carrying out the following:
   - Identify those recommendations for which direct action can be taken.
   - Develop a strategy to address those recommendations that are more generalized and less able to be implemented.
   - Draft an action plan for community health nursing related to the eight reports that were reviewed for this synthesis.
   - Incorporate as part of the plan, strategies to support community health nursing leadership.
   - Recommend a course of action to the Board of Directors of CHNC.

2. Host a forum for the community health nursing community and relevant stakeholders to:
   - Seek input regarding a national action plan for community health nursing.
   - Facilitate discussions at the national conference regarding a national action plan in order to include the participation of members.

3. Strengthen Research Capacity: Knowledge Acquisition and Knowledge Transfer:

- Negotiate with regulatory colleges across Canada to gather information on the work force in order to: a) determine the number of community health nurses in sub sectors and b) describe the roles and responsibilities within the different sub sectors.
- Seek funding to build the body of research in home health nursing to address gaps related to organizational attributes and determine if home health nursing is included in curriculum in undergraduate educational programs.
- Seek funding to investigate issues in complexity of care as a basis for developing effective models of care for community health nursing.
- Advocate for funding to: 1) investigate workload in community health nursing and 2) develop tools to capture and measure the complexity of care in home health and public health nursing.
- Continue to advocate for and fund research into community health nursing and knowledge translation/exchange. Advocate for funding to engage in participatory research with community-based organizations committed to working for change.
- Initiate research to describe leadership roles in community health nursing and what is needed to strengthen them.

4. Strengthen partnerships with other sectors and professions to support the delivery of optimal health care to individuals, families, communities, and populations and advocate for systems change:
   - Continue to work with CASN to strengthen community health nursing content in nursing school curricula.
   - Establish partnerships with other professions to promote the health of individuals, families, and communities and as an opportunity to demonstrate the value of the community health nurse.

5. Advocate for long term stable funding of community health programs and structures that address the determinants of health.

6. Develop and deliver educational initiatives/programs tailored to the needs of community health nurses:
   - Deliver a series of educational sessions, based on the assessment of continuing education needs (Schofield and Valaitis, 2009) to provide professional development in community health nursing.
   - Engage community health nurses at the provincial/territorial and local levels in discussions (e.g.webinar; on line forums) on relevant issues of interest related to the determinants of health in order to build capacity (knowledge, skill, and intraprofessional collaboration) for health systems change.

Introduction

Community Health Nurses of Canada (CHNC) provides a unified voice to represent and promote community health nursing and the health of communities. In carrying out its mandate, CHNC funded several initiatives to explore various aspects of community health nursing. Other funding bodies also provided similar research support in community health nursing.

The purpose of this report is to synthesize the findings and recommendations of recent reports relevant to community health nursing. In turn, this synthesis will provide a platform for the Community Health Nurses of Canada (CHNC) and relevant national policy makers to plan a course of action designed to improve health outcomes for people living in Canadian communities.

The reports identified for the synthesis are:
- Community Health Nursing Vision 20/20: Wait or Shape? Study Report
- Phase 2: Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses' Continuing Education Needs
- Final Report: Public Health Nursing Education at the Baccalaureate Level in Canada Today
- Public Health Nursing Practice in Canada: A Review of the Literature
- National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community; Demographic Profile of Community Health Nurses Working in Canada; and Building Canadian Public Health Nursing Capacity: Implications for Action [1]
- Community Health Nurses of Canada Environmental Scan [2]

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[1] For the purposes of this paper the Community Health Nursing Study is considered as three separate reports.

[2] The reports are referred to throughout this paper by author(s). The full citation for the reports is as follows: Hogan, M.,(2008). Public health nursing practice in Canada: A review of the literature for the Community Health Nurses Association of Canada. (Available from infor@CHNAC.ca)

Schofield, R., Ganann, R., Brooks, S., McGugan, J. Community Health Nursing Vision 2020: Wait or Shape? Study Report. Community Health Nurses Association of Canada. (2008).

Underwood, J., Deber, R., Baumann, A., Dragan, A., Laporte, A., Alameddine, M., Wall, R. *Demographic Profile of Community Health Nurses in Canada 1996-2007*. Hamilton, ON: McMaster University, Nursing Health Services Research Unit, 2009 (Health human resources series; no.13).

Underwood, J., Baumann, A., Akhtar-Danesh, N., MacDonald-Rencz, S., MacDonald, M., Matthews, S., Goodyear, R., Mowat, D., Blythe, J., Dragan, A., Gannan, R., Ciliska, D.*National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community.* Hamilton, ON: McMaster University, Nursing Health Services Research Unit, 2009 (Health human resources series; no.14).

Meagher-Stewart, D., Underwood, J., Schoenfeld, B,, Lavoie-Tremblay, M., Blythe, J., MacDonald, M., Ehrlich, A., Knibbs, K., Munroe, V. *Building Canadian Public Health Nursing Capacity: Implications for Action*. Hamilton, ON: McMaster University, Nursing Health Services Research Unit, 2009 (Health human resources series; no.15).

First, this paper will consider the themes and recommendations with particular emphasis on describing the findings through six issues:
- Health systems issues
- Community health nursing domains of practice
- Leadership
- Access to capacity
- Interprofessional issues
- Nursing education

Findings were also reviewed for their relevance for home health nursing and public health nursing. Recommendations of the reports were reviewed to determine feasibility for implementation.

Second, the reports will be discussed as a whole in order to identify gaps and implications for community health nursing. In order to situate the health of citizens at the forefront of any decision-making, the framework of social justice is proposed as the broader context in guiding future action.

In considering the findings and recommendations of the reports, it is essential to position the health of citizens as paramount. The work involved in developing a national action plan is not straightforward, but once such a plan is implemented, it has the potential to shape change so that the health care system acknowledges and integrates the work of community health nurses in contributing to optimal health outcomes.

Many challenges were identified in the reports but challenges also present opportunities. Community health nurses have the knowledge, skill, and judgment to shape health system changes to improve the health of individuals and families, groups, and communities. The process is complex, whereby changes in one part of the system influence changes in another, but such adjustments can be leveraged for the benefit of all citizens.

Addressing health issues locally and nationally requires the necessary tools, resources, and structures and involves adopting multiple interventions over time. It is a process that begins with dialogue between community health nurses and

Canadian Association of Schools of Nursing Task Force on Public Health Education. (2007). *Final Report. Public Health Nursing Education at the Baccalaureate Level in Canada Today.* Canadian Association of Schools of Nursing.
Petrucka, P. *Final Report: Community Health Nurses Association of Canada Environmental Scan.* 2009. Community Health Nurses Association of Canada.
Schofield, R., Valaitis, R., Akhtar-Danesh, N., Baumann, A., Martin-Meisner, R., & Underwood, J. (2009). Phase 2: Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses' Continuing Education Needs. Hamilton, ON: McMaster University, School of Nursing.

their partners and involves adopting a strategy that takes nursing out of its comfort zone to build a better health care system and society.

Using a Social Justice Framework for Change

The work of community health nurses in all domains and indeed the work of Community Health Nurses of Canada are guided by the best interests of those for whom we provide care: individuals, families, communities and populations. Social justice centres on the overall health of a population and "defines the determinants of health as being societal in nature" (CNA, 2006, p.5).

Community health nursing is grounded in the values and beliefs of caring, principles of primary health care, multiple ways of knowing, individual and community partnerships, and empowerment (CHNAC, 2008). Such values and beliefs are based on the Code of Ethics for Registered Nurses in Canada (CNA, 2008), all of which reflect a commitment to ethical care, human dignity, and equity. A social justice framework, therefore, is not only appropriate in guiding decision making for a national plan of action, but also has the potential to strengthen connections between community heath nurses in all sub sectors. The attributes of social justice are listed in Appendix D.

Community health nursing occurs within the socio-political environment. Community health nursing practice, in turn, is based on a "unique understanding of how the environmental context influences health" (CHNAC, 2008, p.6). For CHNC, adopting a social justice framework means that advocacy work, funded projects, the national conference and so on, are seen through the lens of the attributes of social justice.

For nurses in all domains, the implication is that the right to self-determination as reflected in such principles as equity and human rights, guide practice decisions. When community health nurses work within a social justice framework, they engage in a number of activities that address the determinants of health to improve quality of life.
Examples include but are not limited to:
- Advocating for appropriate services for elderly clients to enable them to age in place
- Informing clients of their rights as citizens when labour laws are being violated
- Advocating for affordable and acceptable housing for homeless and under housed clients
- Working with a community coalition to remove toxins in the soil
- Working with community groups to improve neighbourhood safety

- Navigating the health system to access benefits for those disabled through injury
- Describing the value of community health nurses to client care in discussions regarding resource allocation within an organization and advocating for nursing staff
- Engaging in community based participatory research that addresses questions of interest to the community

Community health nursing is rooted in the value of caring which is based on the principle of social justice. In order to support access to the highest quality of care, the broader implications of immediate health concerns must be taken into account.

Target Audience

The primary target audiences for this paper are the CHNC Board and membership.

Secondary target audiences include policy makers, decision makers, and funding organizations and governments at the federal, provincial, and local/regional levels.

Goals and Objectives

The reports that were reviewed are replete with rich data that enhance understanding of the strengths inherent in community health nursing practice and areas that require strengthening.

In reviewing the selected reports, the goals are to:
- Synthesize key findings and recommendations from eight reports that address community health nursing
- Propose recommendations to prepare the next steps in developing a plan of action

Following from the goals, a number of objectives were identified:
- Identify relevant issues in health care and community health nursing from the reports.
- Describe key themes and areas of convergence in the findings and recommendations related to community health nursing in general and issues specific to home health nursing and public health nursing.
- Identify gaps in report findings that may inform directions for future work.

- Identify key issues and recommendations in the reports as they relate to health systems issues, community health nursing domains of practice (role clarity), leadership, access to capacity, interprofessional issues, and nursing education.
- Propose recommendations that will inform future work in developing a national plan of action for community health nursing.

Description of Reports

All reports reviewed contribute to the body of knowledge regarding community health nursing and address issues of critical importance to the profession. The rich repository of data reflects the perspectives and insights from a broad cross section of community health nurses, many of whom work at the point of care. All reports were published independently of each other within a two-year period (2007-2009). A summary of the reports, including funding sources, is listed in Appendix A.

The reports can be categorized as follows:
- Literature review designed to lay the groundwork for the competencies for public health nursing
- Descriptive qualitative and quantitative studies of community health nursing and nursing education
- Environmental scan to identify issues that CHNC members believe should be addressed by CHNC

While all documents address community health nursing, three specifically focused on public health nursing. One major study, the Community Health Nursing Study, is comprised of three studies that addressed different research questions. For the purposes of this paper the three study reports will be considered separately. Therefore, reference in this paper is made to eight, rather than six reports.

Analysis of characteristics of the samples revealed that many of the respondents were experienced nurses who had worked in the field for more than ten years. As a result, many of the nurses represented an older cohort and may have brought a particular perspective to the findings. While some regional differences were noted in the reports, these are not highlighted to a large degree in this paper with the exception of nurses working in the north and in outposts. However, in implementing recommendations for specific reports, these differences should be taken into account.

The reports gather data from respondents working in all domains, but most focus on practice issues and report from the perspective of practicing nurses. In spite of the fact that community health nurses across Canada have different responsibilities and predominantly use different skills within their place of employment, limitations in data collection made it impossible to capture specific data for sub sectors within community health nursing (Underwood, Deber, Baumann, Dragon, Laporte, Alameddine, & Wall, 2009, No.13). Therefore, the synthesis of findings is for the most part, reported for community health nursing rather than for its sub sectors of practice (e.g. home health; public health; occupational health).

An important consideration in reviewing the reports relates to the recommendations and their level of specificity. Some recommendations are broad and generalized and targeted to various groups or sectors. Others are more specific and call for a particular action to be carried out.

Methods

The Advisory Committee (comprised of members of the Political Action and Advocacy Committee of CHNC and invited external community nursing stakeholders) guided the work of this project. Members of the Committee represent various regions of the country and sub sectors within community health nursing.

The synthesis work was done on two levels. First, each document was reviewed using a constant comparative approach to identify recurrent themes. Areas of convergence in the findings and recommendations of the reports were identified. Gaps in the findings such as issues within sub sectors of community health nursing were also noted for further study. Comparisons of the reports had to take into account the different purposes and research questions being posed.

Second, the reports or documents were reviewed as a whole to develop an overall picture of how the findings informed community health nursing. Based on the synthesis of findings, recommendations were proposed as well as suggested approaches for the next steps.

Because the reports or studies were done independently of each other, data were described or categorized in different ways. For example, health human resource issues were sometimes reported as a separate issue, and sometimes within the category of resources. For the purposes of this paper, issues were categorized in similar ways for all reports.

The synthesis of findings is reported through the six issues: health systems; community health nursing domains of practice (role clarity); leadership; access to capacity; interprofessional issues; and nursing education. The reports are then discussed in terms of implications for community health nursing.

Synthesis of Findings - What Do the Reports Tell Us?

Overview of Key Issues Emerging from the Reports

Within community health nursing practice, planning and decision-making have been hampered by a dearth of reliable data. The reports being considered as part of this synthesis, as well as other seminal research projects, represent a major step forward in the acquisition, translation, and application of knowledge. They also provide recommendations that represent an opportunity to effect system wide change.

Community health nurses (CHNs) promote the health of individuals, families, communities and populations, and are informed by a body of knowledge and guided by the framework of the Community Health Nursing Standards of Practice (Hogan, 2008).
Two reports in fact, used the Canadian Community Health Nursing Standards of Practice (CCHNSoP) as an organizing framework.

The eight reports addressed research questions that led to specific recommendations.
All emphasized different issues, yet there was remarkable convergence in the findings. Collectively, they complement and inform each other to describe community health nursing landscape at the national, provincial, and local (organizational) levels. See Appendix B for a summary of the recommendations.

In considering the findings, several issues became apparent, such as the impact of health systems issues on community health nursing; limitations in data collection that preclude accurate descriptions of the complexity of care; and the importance of leadership to practice.

The focus of the reports was mostly on broad issues for community health nursing rather than on sub sectors within community health nursing. The main obstacle in identifying issues for home health and public health was the inability to capture quantitative data (Underwood et al, 2009, No.13) at the sub sector level.

Reports also vary in terms of the level within health care to which recommendations are targeted- from system wide issues to issues at the point of

care. Many authors drew connections between these levels. For example, the need to address a "flawed" health care system (Schofield, Ganann, Brooks, & McGugan, 2008) was seen as having a direct impact on practice. The need for a vision for community health nursing was seen as instrumental in leading system change, but also in countering the "devaluing" evident in how resources are allocated; curricula designed, and leadership supported (Schofield et al, 2008; CASN, 2007).

Many of the findings and recommendations were categorized and reported in different ways, but for the purposes of this paper, were grouped consistently. For example, recruitment and retention issues and need for research were categorized as access to capacity. Nursing education was identified as a separate issue because it was a recurrent theme in many reports, although recommendations related to nursing education centered on access to capacity and leadership.

The recommendations and findings of the reports will now be described in more detail in the following areas:
- Health systems issues
- Community health nursing domains of practice
- Leadership
- Access to capacity
- Interprofessional
- Nursing education

Since health systems issues were a pervasive theme throughout the reports because of their impact on all other aspects being considered, discussion begins with this issue.

Health Systems Issues

The challenges of the health system, or the "flawed" health care system as some nurses describe it, have a significant impact on practice and are recognized as such by community health nurses. "The ability to demonstrate excellence in practice is hindered by faulty operational and funding structures of the health care system" (Schofield et al, 2008, p13), resulting in challenges for nurses in all domains. The health system, therefore, may be thought of as an overarching issue for all other issues in community health nursing.

Our health system and its various parts are complex and changing. Complexity is reflected in the structure, policy directions, and funding for the delivery of care for all levels of prevention and all levels of care. In spite of the call for primary

health care (Commission on the Future of Health Care, 2003) and a shift to community based care, an emphasis on illness care remains the current paradigm. The limited and unstable funding for health promotion and prevention speaks to their lack of value and a health system that focuses on illness rather than health. Limited recognition has been given to the impact on nursing practice with the shift to shorter hospital stays and subsequent complexity of care being provided by nurses in the community.

For community health nurses, the consequence is practicing in an atmosphere of constant uncertainty where, in spite of need, already fragmented services and programs live under the threat of cuts (Schofield et al, 2008). Moreover, the "shift" to community care is in effect, a transfer of care from one setting (hospital) to another (home, community) rather than a change in approach or philosophy. Adding to the frustration is funding and organization of care that does not take into account the complex and growing acuity level of clients at the individual, family, and community levels.

The Vision 20/20: Wait or Shape (Schofield et al, 2008) study eloquently brought forward nurses' voices of concern regarding the health system, reinforcing community health nurses' capacity to shape change. However, other reports also address systems issues to varying degrees including the structures and policies that facilitate and create barriers to practice.

The lack of stable, long term funding is often regarded as a barrier to effective practice and service delivery**.** Government policies to support coordinated planning across jurisdictions, including shared infrastructure and resources, have been identified as important for public health nursing but are also relevant for all areas of community health nursing (Meagher-Stewart, Underwood, Schoenfeld, Lavoie-Tremblay, Blythe, MacDonald, Ehrlich, Knibbs, Munroe, 2009).

Community health nurses recognize the importance of government policies and decisions on health care. The top learning needs of community health nurses identified in one report included advocating for healthy public policy, addressing service accessibility at the federal level, and principles of social justice (Schofield & Valaitis, 2009). Furthermore, community health nurses regard the need for CHNC to advocate for health system change (e.g. to primary health care) as important (Petrucka, 2009).

Where health care systems issues also come into play is through the integration of services and intersectoral collaboration. Effective service integration across the country is needed through the collaborative efforts of federal, provincial, and community policy makers (Underwood, Baumann, Akhtar-Danesh, MacDonald-Rencz, Matthews, Goodyear, Mowat, Blythe, Dragan, Gannan, & Ciliska, 2009, No.14).

Systems issues also figure prominently in work force capacity. Inconsistencies in the organization of care (structures) and the variation in job titles for community health nurses make it difficult to assess work force capacity, and therefore difficult to plan for the delivery of health care to meet the health needs of citizens (Underwood et al 2009, No.13).

Meagher-Stewart et al (2009) observe that in our complex adaptive health care system, "relationships between parts are more important than the parts themselves and problems (or solutions) are not reducible to parts alone" (p. 20). Therefore each part of the health system affects and is affected by other parts and efforts to address change must be integrated and consider the whole as well as the component parts.

Community Health Nursing Domains of Practice

Community health nurses meet the standards of care set by regulatory bodies within the domains of nursing practice: direct practice; administration; education; research; and policy. Within each domain, the standards of practice enable community health nurses to work at full scope in order to meet the needs of clients. Multiple roles exist within each domain.

Structures, processes, and policies at the national, provincial/territorial, and organizational level, however, may limit a nurse's ability to work at full scope. Over time, such policies and structures create barriers to meet client needs by restricting nursing practice- barriers that may serve the purposes of an organization rather than the needs of the client. As a result, a nurse's practice may be determined by a job description or role, rather than the legislated scope of practice.

Responsibilities of professionals within organizations are tied to the delivery of services, which in turn, are influenced by systems level issues such as funding, government policies, health human resource planning, and mandated structures for delivery of care. When professional responsibilities are in place for some time, they can become part of the fabric and culture of an organization, and are therefore more difficult to change. In turn, they may influence system level decisions regarding how care is delivered and who provides it.

One of the outcomes of a limited scope of practice is that client needs cannot be met effectively or efficiently since the full knowledge, skills, and judgments exercised by the professional- in this case the community health nurse- are not available to the client. Another outcome relates to the way a community health nurse views her/his role. Varying titles and responsibilities, sometimes blurred,

can lead to what community health nurses describe as role confusion. Calls for the need to define the role of the community health nurse or expressed concerns regarding role clarity or lack of value for the role, may reflect a limited scope of practice. Because many of the findings in reports referred to issues related to role clarity, discussion will centre on this issue.

The need for role clarity was a common theme with most reports specifically addressing the issue. For the purposes of this report, role clarity refers to the need to establish and describe a clear role for the community health nurse including sub sectors within the community health nursing role. Several concepts related to the issue of role clarity were identified in the reports including:

- A clear definition of the role
- Sharing of a common language to describe the role
- Role confusion
- Devaluation of the role
- Challenges in working at full scope
- Lack of understanding of the role by other professions and the public
- Organizational culture and leadership

The above concepts or issues are not mutually exclusive, with each issue impacting another. The lack of a clear role definition along with the multiple titles of community health nursing, were regarded as contributing to an undervaluing of the role (Schofield et al, 2008). Role clarity is central to practice not only in terms of the delivery of care to clients but also because clear professional roles are foundational to a strong health system. In addressing public health nursing practice, for example, Hogan (2008) observed that "A key component of establishing an effective public health system is the ability of the public health community to clearly articulate what public health is, what public health does, and who does it" (Ontario Public Health Association as cited in Hogan, 2008, p.4).

One of the challenges contributing to lack of role clarity was the "variable use of terms across provinces, inconsistencies in how health care is organized, and differences in how nurses are able to identify themselves on registration forms" (Underwood et al, 2009, p23, No.13). Such variation was a major obstacle in identifying trends and making comparisons between sub sectors within community health nursing. It also obfuscates the public's understanding of the role and contributes to role confusion.

Without knowing how many nurses are working in specific community sub sectors and their demographic attributes, it is difficult to assess workforce capacity. Therefore, addressing data gaps and investigating community health nursing roles are a critical first step in understanding and describing the work force. It is also essential for health human resource planning.

Approaches to practice of community health nurses need to be "embedded" or situated within health system planning so that community health nursing roles are clear to other professionals and the public (Petrucka, 2009). The ability of community health nurses to articulate a common language reflects an understanding of their own role as well as that of other health professionals. In terms of public health nursing, practice activities can be "stalled" when other professionals and the public have a limited understanding of the role (Cohen & Reutter, 2008, as cited in Hogan, 2008, p. 37).

Lack of clarity was seen as contributing to a "devaluing" of nursing practice (Schofield et al, 2008, p.23). When community health nursing is undervalued, it is more difficult to make a case for resources such as access to professional development, changes to curricula, or funding for research.

Many community health nurses understand their role and its potential (Underwood et al, 2009, No.14). Other groups, though (government, policy makers, other professions, public) may not completely grasp the full contribution of the community health nurse to client care, and may base decisions, including resource allocation, on a limited understanding of the role. Barriers, both at an organizational and systems level, thwart full implementation of the role and contribute to a generalized lack of understanding by others.

In terms of public health nursing, role clarity is enhanced through a positive work environment where there is a clear vision for nursing and strong support from management to work at full scope of practice. Clearly defined roles are important in relation to overall goals and accountabilities of the organization. (Meagher-Stewart, 2009). Similar research exploring organizational attributes to support home health nursing has not been carried out.

The work place is pivotal in supporting practice. Four areas "enable community health nurses to practice their full scope of competencies" and relate to:
- Professional confidence;
- Team relationships;
- Workplace environment;
- Community context (Underwood et al, April 2009,No.14, p14).

Organizational culture and values are reflected in the vision of an organization and determine organizational goals. Research investigating organizational and leadership attributes that support the "optimal level of competency" for public health nursing practice is relevant for other areas of community health nursing practice (Meagher-Stewart et al, 2009, p.14). In order to exercise leadership within an organization, a sound understanding of the community health nursing role is essential. Role clarity, therefore is not only relevant for nurses at the point

of care but also for those in positions of leadership who must work with other professionals and communicate the value of the community health nurse in the delivery of care

Although role clarity is often described in the context of the work force, the foundation is laid through educational preparation of students. The importance of undergraduate education in preparing students for practice requires collaboration between practice and academia to address challenges such as those associated with securing quality clinical placements. Such placements offer students a range of experiences and role models that demonstrate the value of the role (CASN, 2007).

The shared language of practice, gained through core competencies, and knowledge of the work force are instrumental in clarifying the community health nursing role. Addressing issues in role clarity highlight not only what nurses do, but also what they are no longer doing because of the organizational environment. When the shared language lacks clarity, the risk is possible erosion of the role. In a report exploring CHNs continuing education needs, nurses reported specific learning interests but were not engaged in that area of practice, suggesting that these practice activities may have been assumed by other health care team members or assigned for specific positions (Schofield & Valaitis, 2009).

The reports reviewed for this synthesis do address leadership issues but generally focus on nurses at the point of care. Findings centered on the practicing nurse's perspective of management but not to the same degree on management itself. Those in leadership positions must address role clarity in order to support nurses at the point of care. However, to do so requires that the practicing nurse inform management regarding scope of practice issues. This issue speaks to an area for further research.

Access to Capacity

Access to capacity was also a consistent and strong theme in the reports. It refers to the need for processes, policies, and access to a range of resources to support practice in all domains. Lack of or limited access to resources is a barrier to nurses working effectively and can impact client care (Underwood et al April 2009, No.14). Lack of or limited access to resources also makes it difficult to advocate for change.

Resources are needed at many levels and within all sub sectors of community health nursing to address practice issues within all domains. Several reports

placed considerable emphasis on accessing basic resources to deliver care including but not limited to:

- Equipment
- Professional development
- Access to current evidence and research findings, and knowledge translation
- Access to specialized expertise
- IT supports
- Adequate staffing supported by effective recruitment and retention strategies
- Resources for clients
- Information updates on policies, reports, and government decisions
- Sufficient time to meet client needs
- Funding
- Infrastructure in nursing education
- Leadership training

Visiting nurses and those nurses working in the north or in outposts were identified in one report as having particular need for resources (Underwood et al, April 2009, No.14). Concerns about the need to address the nursing shortage given current demographics and fewer nurses becoming community health nurses were seen as an area requiring serious attention (Underwood et al, 2009, No.13).

The need for access to capacity was linked in some reports to the need for research with a focus in two areas: funding for research in community health nursing and assisting nurses to access evidence from research findings in practice and apply that knowledge.

Access to resources is also dependent on good governance that is reflected in a strong vision for community health nursing. Policy decisions impact health human resource planning and program initiatives. For example, programs to enable older persons to remain in their own home are impacted by nursing capacity to support health outcomes (Underwood et al, 2009, No.13). Just as important as access to capacity, is the equitable distribution of resources across the continuum of care to reflect the shift to primary health care (Schofield et al, 2008).

The importance of support by the organization or work setting to practice is critical. It is the organization that often supports capacity and access to resources such as learning opportunities, skill development, and recruitment and retention strategies. When access to educational opportunities (professional

development) is a value within the organization and part of the culture, nurses are able to meet client needs more effectively (Meagher-Stewart et al, 2009).

Leadership

While community health nurses may report to nurses in leadership roles, leadership remains a critical issue (Underwood et al, 2009, No.14). Leadership is reflected not only through positions of authority within an organization but also through the ability to influence others in bringing about change. It is exercised within an organization through the work of community health nurses at the local, provincial, and national levels and also by those who champion community health such as government decision makers and policy makers. Community health nurses are seen as demonstrating leadership at all levels where they work to influence change and to strengthen the health system.

As described in the reports, leadership:
- Is facilitated by a vision for community health nursing;
- Is exercised at multiple levels within organizations;
- Is exercised at multiple levels within the health care system;
- Is a key organizational support for nursing practice;
- Involves identifying and monitoring trends in health and health care;
- Advocates for change to strengthen the health care system;
- Requires training at all levels;
- Supports recruitment and retention.

Leadership is needed for systems change and is pivotal in supporting practice. Its impact cannot be underestimated. However, the area where many nurses directly experience the impact of leadership is at the organizational level in which management support is a highly significant attribute in enabling nurses to work at full scope of practice (Meagher-Stewart et al, 2009). Effective leadership is based on a sound understanding and high level of support for the CHN role.

The need to develop leadership capacity at all levels was emphasized in the reports. Leadership builds capacity and enhances the quality of the work environment in significant ways (Hogan, 2008). It also is an area that community health nurses believe should be addressed by CHNC (Petrucka, 2009). However leadership training is needed to prepare and support nurses in leadership roles (Underwood, 2009, No.14). By extension, structures need to be put in place to support those in positions of leadership.

While the need for leadership is frequently seen as central to the practice arena, all domains require effective leadership. Community nursing leadership within

Schools of Nursing, for example, can strengthen the integration of community health content in nursing school curricula (CASN, 2007). This in turn strengthens the level of preparation of nursing students for community health nursing roles. Building capacity in research and policy also requires leadership at many levels.

Several of the reports referred to the need for a vision for community health nursing to exercise leadership. Leadership that is guided by a clear vision supports nurses in autonomous practice, enables them to work at full scope, and engages stakeholders for collaborative practice **(**Meagher-Stewart et al, 2009).

Interprofessional Issues

Interprofessional issues refer to those opportunities and processes which deliver comprehensive care by multiple care providers who work collaboratively for the benefit of the client. More broadly, it involves partnerships with other professions and sectors to strengthen the health system and deliver optimal client care at multiple levels (HealthForce Ontario, 2007). In this paper, intersectoral issues are included within interprofessional issues.

Many of the reports called for developing and strengthening partnerships with other professions and sectors in order to work for change. Collaboration in meeting client needs (individual, family, and community) would also be an opportunity to raise the profile of community health nursing practice and demonstrate its value.

It was noted that while collaboration is inherent in community health nursing practice, more work needs to be done to build partnerships with other organizations with similar goals (Schofield et al, 2008). Partnerships also need to be built within nursing such as those between nursing administration and academia (Underwood et al, 2009, No.13; Schofield et al, 2008).

Nurses regard interprofessional and intersectoral partnerships as important in addressing health issues (Petrucka, 2009). It is also an area where they have identified learning needs (Schofield & Valaitis, 2009). In reference to public health nursing, the process of building strong partnerships and working with organizations, other professions and sectors to promote community health is essential (Meagher-Stewart et al, 2009). The delivery of optimal care by multiple partners working together, however, requires a mutual understanding of the roles of health care providers. Each needs to know what the other partner brings to the table, be it care decisions, policy deliberations, administrative decisions, or curriculum. Establishing partnerships and collaboration are processes that require time (Underwood et al, April 2009 No.14).

Nursing Education

Although the Canadian Association of Schools of Nursing (CASN) addresses nursing education at the national level, respondents in many of the studies brought forward their perspectives on nursing education and the impact on practice. The need for leadership in Schools of Nursing was seen as paramount. Nursing education was addressed from two points of view: from the perspective of academic institutions and from those working outside nursing education. Findings were consistent from both groups regarding the importance of strong educational preparation and the need to address barriers.

Most content areas in curricula, according to the CASN report, are addressed by Schools of Nursing. The difficulty lies in opportunities to apply what is learned to clinical practice. It is difficult for students to develop skills as a result of the dearth of clinical placements. Limited numbers of placements and preceptors remain the most consistent challenge for community health nursing education (CASN, 2007; Schofield et al, 2008). Funding is needed to improve infrastructures required for the development and maintenance of placements in order to prepare students for community health nursing roles.

Partnerships between academia and practice were seen as essential, but so are partnerships with administration and research and other sectors (Underwood et al, 2009, No.14; Underwood et al, 2009,No.13). Strong educational preparation in community health nursing is needed to strengthen the role of the community health nurse and build the work force.

What Do the Findings Mean for Community Health Nursing?

Implications for Community Health Nursing

The recommendations in the reports target several areas for action, particularly around advocating for health systems change, role clarity in all domains of practice, need for skilled leadership, access to capacity, strengthening partnerships with other professions and sectors; and nursing education. Moreover, the findings and recommendations are at various levels: national, provincial/territorial, and local, including at the level of the organization. Throughout many of the reports, health systems issues figured prominently for their impact on community health nursing in all domains and sub sectors.

One of the challenges in implementing the sets of recommendations from reports relates to the variation in specificity. Some are easily amenable to a targeted action strategy. Others are not because the recommendation is general, does

not identify who should take responsibility, or requires action at a broad systems level by multiple parties. In short, some recommendations are feasible to implement and others less so. A starting point would be to review all recommendations to determine if they can be implemented, and who should assume responsibility for doing so.

Actions have already been taken as a result of some of the reports. The literature review of public health nursing practice, for example, laid the groundwork for the development of public health nursing discipline competencies (Hogan, 2008). These competencies for public health nursing have now been widely circulated. Describing the required knowledge, skills, and abilities of public health practitioners including public health nurses, is fundamental to developing the work force (Ontario Public Health Association as cited in Hogan, 2008, p.4). As such, the results of the literature review can be considered a benchmark for public health nursing practice and a frame of reference for the other reports. A literature review for home health nursing will serve a similar function. Work is also in progress to develop a definition for community health nursing.

In reviewing the reports' recommendations, a number of issues need to be considered, including, but not limited to: the impact of one or more issues on another, areas of convergence and divergence, issues that can be leveraged to produce a more positive outcome, and the imperative for multiple levels for action. Many of the reports identified certain conditions as being foundational to, or essential for, positive outcomes. For example, leadership can enhance nurses' ability to work at full scope. Health systems issues impact the structure and processes for the delivery of health services.

Themes within the various reports are linked and the various issues are influenced by each other. Each issue (for example: leadership, access to capacity, and interprofessional care) affects another issue. Hence, implementing a course of action in one area of community health nursing will likely leverage the impact in another.

Many of the challenges in community health nursing result from health systems issues or decisions that create barriers to working effectively to meet client needs. Implementing change at a systems level often involves making various kinds of changes at multiple levels over time. Policies and decisions at the national level impact what happens locally. Provincial/territorial and more local changes (regional through to municipal or neighbourhood levels) in turn influence change at a higher level. Moreover, multiple small changes (often local) can, over time, result in large-scale transformation.

Implementing multiple interventions is a promising approach to addressing complex issues. The use of multiple interventions involves a range of strategies through multiple means in working with individuals, groups, and organizations or to influence policy. (Edwards, 2007). Such an approach is consistent with the philosophy and work of community health nurses. The "simultaneity of public health nursing work" (Simpson, 2005 & McMillan 2007 as cited in Hogan, 2008, p.10) enables nurses to address particular concerns of individuals while taking into account the larger picture and applies to all community health nursing efforts to bring about change.

A multifaceted approach that involves multiple strategies at all levels warrants consideration and should be situated within a social justice framework. There may be advantage in facilitating dialogue and action among partners (sectors, professions) around relevant practice related issues. Working at full scope and role clarity can be enhanced when nurses come together to address specific issues (affordable housing, food security, child poverty, ageing at home, etc) that resonate with their communities and which are linked to the broader systems issues. At the same time, efforts can be made by nursing leaders to advocate for systems level changes and policies to address the determinants of health.

Nurses need to engage with each other and with their communities to promote health. In doing so, they require the capacity to move issues forward (e.g. adequate staffing, funding for programs, healthy public policies, professional development, etc) and are therefore likely to demonstrate the value of their contribution in working with others and exercise leadership.

Community health nursing practice occurs in a socio-political environment (CHNAC, 2008). Consequently, a social justice framework can be the lens through which potential decisions are viewed. The values and beliefs of the Canadian Community Health Nursing Practice Model (CHNAC, 2008) shown in the table below, should also guide planning and decisions by CHNC as well as practice by nurses in all domains.

Social Justice Attributes (CNA, 2006)	Practice Model: Values and Beliefs that Guide CHN Practice (CHNAC, 2008)	Community Health Nursing Process (CHNAC, 2008) CHNs enhance this process through:
• Equity (including health equity) • Human rights (including the right to health) • Democracy and civil rights • Capacity Building • Just institutions • Enabling environments • Poverty reduction • Ethical practice • Advocacy • Partnerships	• Caring • Principles of Primary Health Care • Multiple ways of knowing • Individual and Community Partnership • Empowerment	• Individual/community participation • Multiple ways of knowing • Awareness of the influence of the broader environment on the individual or community that is the focus of care • Levels: Individual and family, groups, communities, and systems and society

The community health nursing process is complex and dynamic and occurs at many levels. Structures and leadership skills are needed to facilitate the process. However, if community health nursing interventions are guided by the public interest, there is great potential to strengthen both health of the community and community health nursing.

The Canadian Community Heath Nursing Practice Model (CHNAC, 2008) highlights the knowledge and experience of community health nurses and illustrates the dynamic nature of community health nursing practice. Many of the values and beliefs of the Practice Model such as caring; universal access to health care services, and active participation by individuals and communities in decisions that affect their health, are the same as or consistent with the attributes of social justice and the CNA Code of Ethics (2008). Recommendations and examples of links to the Practice Model and attributes of social justice are described on page 31.

The reports in this synthesis paper also revealed a number of knowledge gaps, which are described below.

Identifying the Gaps: What Else Do We Need to Know?

The reports reflect the tremendous work that has been carried out to enhance understanding of community health nursing. While gaps do exist, there are

sufficient data and recommendations to move forward and inform decisions regarding community health nursing. Some of the work required to implement recommendations depends upon, or needs to occur in concert with other recommendations.

Many reports called for additional work to be carried out to build the body of knowledge in community health nursing and strengthen practice in all domains. The reported findings were designed to answer specific questions. As a result, issues that address particular areas of concern within community health nursing were not always addressed. For the reports reviewed for this synthesis, four principal areas were identified as needing further research and resources. These are:

1. Data to describe the impact of health systems issues on community health nursing and delivery of care to clients at the individual, family, community, and population levels.

   Impact of system wide issues and organizational structures on community health nursing practice and the health of citizens. The Vision 20/20 report (Schofield et al, 2008) discussed the impact of a 'flawed" health care system on community health nursing. Other reports noted the importance of government policies, funding, and system level decisions on all domains of practice. Research is needed to take these arguments further to explore the impact of federal and provincial/territorial decisions on capacity to deliver quality care by different sub sectors of community health nursing.

   Funds also need to be allocated to community based participatory research. Such research is a powerful tool in engaging communities in issues that directly impact them. It is also an opportunity to demonstrate the impact of government policies and decisions on local communities and the knowledge and skills that community health nurses bring to these issues and processes.

   Development of tools to measure the complexity of practice. Many aspects of community health nursing are described in the reports, but the issue of complexity of practice is not explicitly addressed. In recent years the acuity of clients has increased substantially as a result of health system changes with significant implications for the delivery of care. This phenomenon is particularly evident in home health nursing, with the location of care shifting from the hospital to the community, but is also reflected in all areas of community health nursing.

Tools are needed to measure the complexity of community health nursing practice, and capture the depth and breadth of work. Without such tools and models of care, it is difficult to deliver services effectively. It is also difficult to target professional development programs, change organizational structures to better support practice, and determine the educational preparation required. The development of models of care and tools to measure complexity will support nurses in articulating their practice to others.

2. Data to describe community health nursing practice in all domains.

Work force capacity: The ability to describe the community health nursing work force by sub sector is hampered by limitations in data collection. Greater specificity in data would assist in planning the delivery of services, health human resource planning, and role clarification. This is particularly needed for home health nursing. An example given is the lack of data regarding the number of home health nurses in Canada (Underwood et al. 2009, No.13). A sound knowledge of work force capacity is essential in planning at all levels.

Descriptions of roles and responsibilities for sub sectors in community health nursing: The various titles and responsibilities for community health nurses are often a function of the organization in which nurses work (Underwood et al, 2009, No.13). Such variations make comparisons across regions and sectors almost impossible, and speak to the need of structures for organizing the delivery of care. Research is needed, in particular, to describe the home health work force, as well as organizational attributes that support this practice. Without this data, capacity to plan the delivery of services is limited.

3. Leadership.

Leadership was an important theme in many of the reports with recommendations at the organizational, provincial/jurisdictional, and national levels. What were not addressed were the enablers and barriers to community health nursing leadership. The critical role of management in supporting effective practice was described, but further research is needed to identify those structures that would best support leadership and ways to strengthen leadership development.

One observation in reviewing the findings is that the focus of many of the eight reports was on practice and nurses at the point of care. This voice needs to be brought forward because of the particular perspective on

client care, but the issues in nursing leadership were not addressed to the extent they could be.

Community health nursing leadership capacity needs to be supported at all levels. The issues that administrators deal with are different from middle managers, which differ from nurses in direct practice. Moreover, national leadership has an important role in advocating for systems change that in turn impacts work at the provincial and local levels. Research is needed to better describe leadership roles in community health nursing and what is needed to strengthen them.

4. <u>Strengthening partnerships within community health nursing and with other sectors and professions.</u>

With the current focus on interprofessional practice, less attention is sometimes directed toward intraprofessional issues. Strong collaborative relationships are often seen among nurses (Underwood et al, 2009, No.14). Such collaboration is a strength that benefits the client, and a process that can be applied to interprofessional collaboration. The opportunity to build partnerships within nursing is carried out through the CHNC conference, but other opportunities should be encouraged. Further study is also needed to identify best practices in intraprofessional collaboration and the necessary supporting structures.

National Plan of Action

The eight reports give direction to elements or issues that could be included in developing a national plan of action. Based on the findings of the reports, these include but are not limited to:

- Seek funding to build the body of knowledge and address data gaps in community health nursing.
- Engage communities in participatory research to better understand challenges and propose solutions for change.
- Gather data on the numbers of community health nurses in sub sectors and their respective responsibilities.
- Facilitate ongoing dialogue between community health nurses at all levels both within geographic regions and by sub sector to identify and validate relevant issues that should be addressed.
- Strengthen interprofessional/intersectoral partnerships and collaboration to promote health and address health systems issues at the local, provincial/territorial, national, and international levels.
- Strengthen relationships with the public by addressing health issues that are of importance to communities.

- Build capacity to enable community health nurses to practice effectively and at full scope.
- Engage with governments in re-establishing community health systems to reflect the practice reality of community health nurses, in terms of the actual context of care and level of acuity of clients.
- Build capacity in leadership development.
- Advocate for structures to support community health nursing leadership (e.g. forum for nursing leaders to come together; communities of practice) to support change.
- Exercise leadership within a social justice framework in providing a unifying voice for community health nursing and advocating for systems change.
- Collaborate with policy makers at all levels (federal, provincial, community), to address the social determinants of health.
- As an association, map out, document, and share the progress of meeting goals and objectives (action plan) with community health nurses.

Recommendations

The proposed recommendations are intended to inform a national action plan for CHNC. Decisions regarding the work of CHNC should be situated within a social justice framework and the Practice Model of the CCHNSoP. The proposed recommendations for this report are grounded in the attributes of social justice and the values and beliefs of community health nursing. The table below lists the recommendations and provides examples of how the recommendations are linked to the CCHNSoP Practice Model and attributes of social justice.

Recommendations From Synthesis Paper	Examples from CCHNSoP Practice Model (CHNAC, 2008)	Specific Attributes of Social Justice Relevant to Recommendations
1. Establish a Task Force with representation from home health, public health, community health nursing in general, and nursing education to review the recommendations from the eight reports with the intent of carrying out the following: • Identify those recommendations for which direct action can be taken. • Develop a strategy to address those recommendations that are more generalized and less able to be implemented. • Draft an action plan for community health nursing related to the eight reports that were reviewed for this synthesis. • Incorporate as part of the plan, strategies to support community health nursing leadership. • Recommend a course of action to the Board of Directors of CHNC.	• Active participation in decisions and strategies that are implemented reflects the values of community health nursing. • Caring is based on the principle of social justice. It is expressed through competent practice and relationships that value the individual and community. • Recommendations that are implemented will need to be consistent with the mission and values of community health nursing and social justice. • Exercising leadership is reflected in the appropriate use of knowledge, skills, and judgment and resources. • CHN practice occurs within a socio political environment. Therefore health systems issues need to be addressed through advocacy efforts and building capacity • By seeking input from the community health nursing community and relevant stakeholders, CHNC is engaging others in active participation in issues that affect community health	• Ethical practice • Advocacy • Partnerships • Capacity Building

	nursing. This work involves establishing partnerships to work for change.	
2. Host a forum for the community health nursing community and relevant stakeholders to: • Seek input regarding a national action plan for community health nursing. • Facilitate discussions at the national conference regarding a national action plan in order to include the participation of members.	• Community health nurses have a responsibility to advocate for changes in a number of areas such as: policies, health human resource planning, and resource allocation. • Advocacy includes bringing forward the voice of community health nurses and providing opportunities (e.g. through conference) to bring CHNs together to articulate their successes and concerns.	• Equity • Partnerships • Advocacy
3. Strengthen Research Capacity: Knowledge Acquisition and Knowledge Transfer • Negotiate with regulatory colleges across Canada to gather information on the work force in order to: a) determine the number of community health nurses in sub sectors and b) describe the roles and responsibilities within the different sub sectors. • Seek funding to build the body of research in home health nursing to address gaps related to organizational attributes and curriculum in undergraduate	• Takes into account the importance of active participation by individuals and communities in health decisions. • Engaging in partnerships promotes empowerment. • Advocating and engaging in community based participatory research that underscores the principles of primary health care. • The appropriate use of knowledge, skills, and technology • Supports communities in participating in decisions that affect their health.	• Advocacy • Partnerships • Capacity Building • Enabling Environments

educational programs. • Seek funding to investigate issues in complexity of care as a basis for developing effective models of care for community health nursing. • Advocate for funding to investigate workload in community health nursing and the development of tools to capture and measure the complexity of care in home health and public health nursing. • Continue to advocate for and fund research into community health nursing and knowledge translation/exchange. • Advocate for funding to engage in participatory research with community-based organizations committed to build community capacity in working for change. • Initiate research to describe leadership roles in community health nursing and what is needed to strengthen them.		
4. Strengthen partnerships with other sectors and professions to support the delivery of optimal health care to individuals, families, communities, and populations and advocate for systems change.	• Strengthening partnerships builds capacity • Reflects values of primary health care to partner with other professions, communities, and sectors to promote health	• Partnerships • Equity • Human rights including the right to health care

• Continue to work with CASN to strengthen community health nursing content in nursing school curricula. • Establish partnerships with other professions to promote the health of individuals, families, and communities and as an opportunity to demonstrate the value of the CHN.	• Community health nursing practice integrates the five fundamental ways of knowing. • Reflects interprofesssional and intersectoral partnerships	
5. Advocate for long term stable funding of community health programs and structures that address the determinants of health.	• Addresses principles of primary health care and the practice standard of promoting access and equity taking into account the determinants of health. • Working with others to produce change for oneself and others in society and supports the development of empowerment. • Reflects the value of caring through relationships that "value the individual and community as unique and worthy of a nurse's 'presence' and attention". (CHNAC, 2008, p 6)	• Just institutions • Equity • Building Capacity • Human rights including the right to health care • Democracy and civil rights
6. Develop and deliver educational initiatives/programs tailored to the needs of community health nurses. • Deliver a series of educational sessions, based on the assessment of continuing education needs (Schofield and Valaitis, 2009) to provide professional development in	• Multiple ways of knowing are supported through a range of educational opportunities. • Individual and community partnerships are essential in addressing local issues that are relevant to the community. • The impact of the broader	• Building Capacity • Partnerships

CH nursing. • Engage community health nurses at the provincial/territorial and local levels in discussions (e.g.webinar; on line forums) on relevant issues of interest related to the determinants of health in order to build capacity (knowledge, skill, and intraprofessional collaboration) for health systems change.	environment on health must be emphasized in educational opportunities to prepare nurses to advocate for system change.	

Conclusions

The reports addressing various aspects of community health nursing are replete with recommendations that show similarity and congruence in several areas: health systems, community health nursing domains of practice (role clarity), leadership, access to capacity, interprofessional issues, and nursing education. Some of these issues may be the focus of other relevant reports, and therefore in going forward, findings from these reports should be taken into consideration.

The degree of overlap in many of the findings demonstrates that the reports together are greater than the sum of their parts. The task ahead, in reviewing the recommendations of this synthesis paper, is to determine which of these recommendations are feasible to implement and who should take responsibility for implementing them.

In charting a course of action for CHNC, there is merit in situating the findings within a social justice framework that positions client needs (individual, family, community, and population) as primary, and frames priorities for action within the Practice Model of the Community Health Nursing Standards of Practice.

By addressing health issues locally and nationally with the necessary tools, resources, and structures, and using a multifaceted approach with multiple interventions, the potential for change is great. However, change must begin with dialogue between community health nurses and their partners to build a better health care system and a better society.

References

Canadian Association of Schools of Nursing Task Force on Public Health Education. (2007). *Final report. Public health nursing education at the baccalaureate level in Canada today.* Canadian Association of Schools of Nursing.

Community Health Nurses Association of Canada. (2008) *Canadian Community Health Nursing Standards of Practice.* Ottawa, Ontario: Author.

Canadian Nurses Association. (2008). *Code of ethics for registered nurses* (2008) Centennial ed.. Retrieved February 20, 2010, from http://www.cna-aiic.ca/CNA/docuements/pdf/publications/Code_of_Ethics_2008_e.pdf

Canadian Nurses Association. (2006). *Social justice…a means to an end, an end in itself.* Ottawa, Ontario. Author. Retrieved from www.cna-aiic.ca/CNA/documents/pdf/publications/social_justice_e.pdf

Commission on the Future of Health Care (2002). *Building on values. The future of health care in Canada.* . Retrieved from Http://www.cbc.ca/healthcare/final_report/pdf.

Edwards, Nancy.(2007). *What are multiple intervention programs? Multiple interventions for community health.* Retrieved from http://aix1.uottawa.ca/-nedwards/english/mip.html February 26, 2010.

HealthForce Ontario. Retrieved from www.healthforceontario February 2010.

Hogan, M.,(2008). *Public health nursing practice in Canada: A review of the literature for the Community Health Nurses Association of Canada.* (Available from info@CHNAC.ca)

Meagher-Stewart, D., Underwood, J., Schoenfeld, B, Lavoie-Tremblay, M., Blythe, J., MacDonald, M., Ehrlich, A., Knibbs, K., Munroe, V. (2009). *Building Canadian public health nursing capacity: Implications for action.* Hamilton, ON: McMaster University, Nursing Health Services Research Unit, (Health human resources series; No.15).

Petrucka, P. (2009). *Final Report: Community Health Nurses Association of Canada Environmental Scan.* Community Health Nurses Association of Canada.

Schofield, R., Ganann, R., Brooks, S., McGugan, J. (2008). *Community health nursing Vision 2020: Wait or shape? Study report.* Community Health Nurses Association of Canada.

Schofield, R., Valaitis, R., Akhtar-Danesh, N., Baumann, A., Martin-Meisner, R., & Underwood, J. (2009). *Phase 2: Strengthening the quality of community health nursing practice: A pan-Canadian survey of community health nurses' continuing education needs.* Hamilton, ON: McMaster University, School of Nursing.

Underwood, J., Deber, R., Baumann, A., Dragan, A., Laporte, A., Alameddine, M., Wall, R. (2009). *Demographic profile of community health nurses in Canada 1996-2007.* Hamilton, ON: McMaster University, Nursing Health Services Research Unit, (Health human resources series; No.13).

Underwood, J., Baumann, A., Akhtar-Danesh, N., MacDonald-Rencz, S., MacDonald, M., MacDonald. M., Matthews, S., Goodyear, R., Mowat, D., Blythe, J., Dragan, A., Gannan, R., Ciliska, D. (2009). *National community health nursing study: Comparison of enablers and barriers for nurses working in the community.* Hamilton, ON: McMaster University, Nursing Health Services Research Unit, (Health human resources series; No.14).

Appendices

Appendix A

Study Report Summaries*

Report	Community Health Nursing Vision 20/20: Wait or Shape? Study Report
Purpose	Identify priority issues for community health nursing in Canada, explore a vision of the future, and provide recommendations for policy, practice, education, research, and administration. Act as a foundation in the development of a vision for community health nursing for 20/20 and a national position paper.
Description	Describes priority issues facing Canadian community health nursing. Proposes strategies and recommendations for shaping the vision of an improved health system.
Funding Source	CHNC from the PHAC, Public Health Work Force Development Products and Tools Grants and Contributions Program.
Participants	Participants (35 past or current community health nurses) recruited through CHNC and CNA.
Design	Qualitative descriptive study in 2 phases: 1) data collection from 4 focus groups and 2) key informant interviews. Purposeful sampling used to recruit from each jurisdiction and all domains of practice.
Outcomes	Five themes emerged: • Community health nursing is in crisis now. • A flawed health care system • Responding to the public • Vision for the future • Community health nurses: the solution makers Community health nursing and health care system described as being in crisis. Most significant issue impacting each domain was difficulty of working in a flawed health care system. Strong leadership and changes in health policy are needed to address needs for service. Six recommendations proposed. Results highlight need for the health system to acknowledge that community health nursing is under funded, under resourced, and working below full scope of practice. A **vision** for community health nursing and a position paper were developed following this report.

Report	Phase 2: Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses' Continuing Education Needs
Purpose	Identify current practice activities of CHNs across Canadian provinces and territories and measure their continuing education needs in relation to the CCHN Standards.
Description	Survey described the 1) practice activities of CHNs in relation to the CCHN Standards and the 2) learning needs of CHNs in relation to the CCHN Standards. Differences in CHN practice activities and learning needs by province and territory and place of work were explored.
Funding Source	CHNC from the PHAC, Public Health Work Force Development Products and Tools Grants and Contributions Program.
Participants	Random survey of CHNs across Canada between September 2008 and March 2009. Participants (1677) obtained from regulatory colleges.
Design	Questionnaire. Survey results from Phase 1 were used to refine instrument for Phase 2. Phase 1 had involved the development and pre-testing of a learning needs questionnaire and analysis of responses from CHNs in Ontario and Nova Scotia.
Outcomes	Response rate: 49% Results suggested important topics for CE of CHNs including: health promotion theory; program evaluation; collaborative intersectoral partnerships; principles of epidemiology; informatics; culturally relevant care; harm reduction; emergency management; addressing service accessibility issues at the federal level; and advocating for healthy public policy. Differences in responses were associated with region, but not years of practice in nursing. Differences associated with setting and area of work could not be determined.

Report	Final Report: Public Health Nursing Education at the Baccalaureate Level in Canada Today
Purpose	Task force mandate is to assist CASN member schools to meet entry level competencies and be aware of the Standards of Practice (CCHNSoP) Purpose of project: Survey: Examine the current status of undergraduate public health nursing education. Symposium: Validate results of survey and develop key recommendations regarding the future of public health nursing education in Canada.
Description	Respondents were asked to identify if and how the CCHNSoP were addressed in curriculum and comment on future plans for adding or augmenting CCHNSoP. Symposium provided a venue for stakeholders to dialogue about issues highlighted from the results of the survey.
Funding Source	Public Health Agency of Canada
Participants	Survey: Schools of Nursing-91 member CASN schools, May 2005. Response rate 72% Symposium: Those with knowledge and/or influence in community health and /or public health education. Representatives from more than 60 Schools and 20 public health managers
Design	Survey both qualitative (narratives) and quantitative data (survey monkey) Pan Canadian symposium held following survey.
Outcomes	Most standards and related content for competencies are covered through a required segment or content thread in all programs. Challenges in application of knowledge to clinical practice are experienced by most schools (e.g. issues related to placements; preceptors, etc.). Symposium: Key areas of content for curriculum were identified. Development of skills depends on availability of placements. Task Force proposed recommendations for CASN: Promote enhancements to structures for quality measurements of baccalaureate nursing education Promote curricular enhancements in community health nursing of baccalaureate programs of member schools Network with other stakeholders to advocate for provisions of financial and other support for infrastructure for community placements

Report	Public Health Nursing Practice in Canada: A Review of the Literature
Purpose	Inform the development of public health nursing competencies. Project builds on recommendations of previous work to further examine the competencies (knowledge and skills) reflective of public health nursing practice. Project examines: 1) process of developing discipline specific competencies for public health nursing through a review of the literature and 2) the practice of public health nurses through a literature review and environmental scan.
Description	A systematic review of the literature was done whereby the key knowledge and skills of public health nurses across Canada were identified. The CCHNSoP were used as a guide and overall framework for organizing the key knowledge and skills of public health nurses.
Funding Source	CHNC from the PHAC, Public Health Work Force Development Products and Tools Grants and Contributions Program
Participants	None
Design	Systematic review of the literature. Used CINAHL to identify processes for developing discipline specific competencies. Environmental scan conducted to identify documents outlining public health nursing practice in Canada.
Outcomes	Following the literature review, a number of recommendations were proposed for CHNC to move forward with the development of discipline specific competencies for public health nursing practice.

Report	National Community Health Nursing Study
Funding Sources for Three Research Reports	Canadian Health Services Research Foundation Health Canada Public Health Agency of Canada Health Human Resource Strategy Division Office of Nursing Policy First Nations and Inuit Health Branch British Columbia Ministry of Health Nursing Directorate Communicable Diseases and Addictions Prevention Branch Ontario Ministry of Health and Long-Term Care and the Nursing Health Services Research Unit, McMaster University Site

Report	National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community
Purpose	Compare the enablers and barriers for CHNs to practice the competencies associated with their specialty across geographic jurisdictions and community health sectors. Recommend strategies to support CHNs to practice the full scope of competencies associated with their specialty.
Description	Provides description and analysis of CHNs perceptions regarding enablers and barriers to practice their full scope of competencies (knowledge, skill, and attitude).
Participants	CHNs in every province and territory (10,358 RNs and 3,414 LPNs).
Design	NHSRU CHN Questionnaire© administered to a random sample of 13,772 CHNs. Used a cross sectional sample from provincial regulatory databases.
Outcomes	Response rate: 60% for Ontario and 50% for other provinces Four theme areas found to enable CHNs to practice at full scope: professional confidence; team relationships; workplace environment; and community context. Work environment was found to be the most important enabler to support CHNs to work at their full scope of competencies. Recommendations were made to enhance enablers and reduce barriers for optimal community health nursing practice outcomes.

Report	Demographic Profile of Community Health Nurses Working in Canada 1996-2007
Purpose	Describe the demographic characteristics and distribution of CHNs in Canada by number, place of work, age, employment status, education, gender, position, and province. Provide an analysis of the variation between nurses working in community sub sectors and those working in long-term care facilities or hospitals.
Description	Project explores workforce capacity in community health nursing. Provides background information for planning effective recruitment and deployment strategies by describing demographic characteristics of CHNs working in Canada from 1996-2007.
Participants	All self identified CHNs who had agreed to participate in research on their annual registration forms (late 2006-early 2007).
Design	Secondary analysis of CIHI data (collecting RN information) was triangulated with survey results of NHSRU CHN questionnaire.
Outcomes	An estimated 16% of RNs in Canada were working in community health in 2007. It is not possible to clearly profile the sub sectors within the CHN data set in most provinces although nurses working in these areas may have different responsibilities and may require different skills. Difficulty in assessing workforce capacity in community health sectors arises from variable use of terms across provinces, inconsistencies in how health care is organized, and differences in how nurses are able to identify themselves on registration forms. Recommendations put forth to address data gaps and develop recruitment and retention strategies.

Report	National Community Health Nursing Study: Organizational Structures of Community Health Care Systems in Canada: A Provincial and Territorial Health Care Systems
Purpose	Project describes how each province/ territory and the FNIHB organize community health care.
Description	Overview of each health system and situates community and public health within it.
Participants	Jurisdictions across Canada and FNIHB.
Design	Review of government and relevant web sites.
Outcomes	Description of delivery of health care systems in each jurisdiction.

Report	National Community Health Nursing Study: Building Canadian Public Health Nursing Capacity: Implications for Action
Purpose	Assist public health policy makers and decision makers to develop programs and policies to enhance the effectiveness of PHN services. Research question: "What organizational attributes support PHNs to practice their full scope of competencies?"
Description	Looked at the organizational attributes that support PHNs in their practice. Better utilization of PHNs was seen as enhancing job satisfaction among nurses.
Participants	23 focus groups from six Canadian geographic regions. Twelve groups were front line PHNs (156 participants) and 11 groups were policy makers/managers from urban/rural areas.
Design	Used appreciative inquiry approach with focus groups identifying an experience when a PHN intervention worked well. Qualitative analysis of focus groups occurred in three stages.
Outcomes	Results of study highlight areas for organizational development and recommendations to support practice. Leadership has a profound impact on ability of PHNs to optimally practice to full scope. Organizational attributes that were found to support PHN working to full scope are: Front line management practices Local organizational culture Government and other system attributes

Report	Final Report: Community Health Nurses Association of Canada Environmental Scan
Purpose	Assist CHNC in better understanding the issues members believe are paramount and should be addressed by CHNC. Engage members and potential members in a dialogue about CHNC and community health nursing on issues, activities, perceptions, and desired future.
Description	Report is a review of the environmental scan process, results of the scan, key learnings, recommendations and next steps. Phase 1: 2007- Furthered literature review to inform rationale and content areas of a national environmental scanning tool to enable CHNC to increase its presence, branding, and responsiveness to the needs, issues, and challenges faced by CHNs at all levels. Highlights key findings, outputs, and recommendations related to the development and pilot of the environmental scan. Features highlights of key findings (gaps based) literature review, the scanning document (as pilot tested), and a way forward strategy. 2008 Phase 2: Conducting, analyzing, and dissemination of findings from the national environmental scan that had been previously piloted.
Participants	CHNs across Canada – both CHNC members and non members: Hard copies distributed at conferences and e-survey sent out by e-mail. All networks used to reach participants. 856 English and 34 French respondents.
Design	Survey- qualitative (written comments and identification of other trends and issues) and quantitative (descriptive statistics of trends) data. Data collected between May 2008 and January 2009.

Report	Final Report: Community Health Nurses Association of Canada Environmental Scan
Outcomes	Through a constant comparative approach over 50 initial themes were derived. These were reviewed and clusters created yielding 17 distinct themes. Data reported in terms of five environmental components: macro, association, operating, professional, and member. These categories formed the basis of the instrument. Macro Environment: focuses on broad external trends that shape global and national agendas which impact on nursing. Association: Focuses on regional, sectoral, and inter-sectoral trends that shape the operations and organization of CHNC. Operating: Focuses on core internal trends that shape the specialty of CH nursing including the agendas for education, practice, research, leadership, and policy. Professional: Focuses on core internal trends that shape the profession of registered nursing including the agendas for education, practice, research, leadership, and policy, which subsequently impact CH nursing. Member: Focuses on localized and contextualized trends that shape the daily roles, routines, and responsibilities of individual CH nurses. Core Focal areas or core themes for CHNC to attend to: • Resources required • Education • Global Impacts • Inter-jurisdictional/ Inter-sectoral • Health Promotion/Prevention/protection • Trends and Traditions • Evidenced based practice

* Information in the tables is taken directly or adapted from the reports listed.

Appendix B

Recommendations As Written In Community Health Nursing Reports

Report	Recommendations
Community Health Nursing Vision 20/20: Wait or Shape? Study Report	1. Develop a common definition and vision for 20/20 of community health nursing in Canada. 2. Develop an aggressive plan to shift the direction of health care to a primary health care system. 3. Develop, implement and evaluate a comprehensive social marketing strategy to raise the profile and understanding of community health nursing among the public, politicians, and other members of the nursing profession, thereby improve the profile and attract nurses to work in Community Health Nursing. 4. Collaborate with CASN in the reorientation of basic baccalaureate education to include Community Health Nursing in public health and home health. Additonally, graduate education programs in community health nursing need to be developed. 5. Collaborate with the national community health nursing chair in building the capacity of community health researchers and knowledge in community health nursing. 6. Establish a Community Health Nursing Centre of Excellence or Collaborating Centre to integrate research, education, practice, administration, and policy domains. As well, it would serve to advance interprofessional collaboration in practice and education with relevant stakeholders.
National Community Health Nursing Study: Demographic Profile	1. That researchers investigate CHN roles and responsibilities across provinces/ territories including differentiating community sub sector program responsibilities and comparing CHN responsibilities according to program titles and sub sectors. 2. That federal and provincial health authorities address the data gaps by Convening a National Task Force under the auspices of CHNC, in collaboration with CIHI, Health

	Canada, Public Health Agency of Canada, and other stakeholders to develop a common classification system (taxonomy) for collecting data about services and CHN deployment (e.g. public health, home care, etc.). Establishing and testing alternative data sources to enumerate community and public health staff using provincial databases derived from employer databases. 3. Develop collaborative recruitment and retention strategies amongst employers, provincial authorities and educators to offset shortages and include integration of internationally educated nurses across all community health sectors and continued assurance that undergraduate curricula are relevant to community health nursing practice.
National Community Health Nursing Study: Enablers and Barriers for Nurses Working in the Community	1. That provincial nursing regulatory bodies continue or establish mechanisms to facilitate members' participation in research, including Registered Psychiatric Nurses. 2. That researchers, employers, and managers undertake collaborative interdisciplinary investigations and training to support effective team functioning in community health settings. 3. That employers and professional organizations improve access to evidence and continuing education and that CHNs take advantage of these opportunities to enhance their competence and professional confidence. 4. That employers provide leadership training to assure managers have skills to maximize CHN effectiveness. For example: • Offering debriefing sessions • Supporting CHN flexibility to meet client and population needs • Addressing fair workloads and safe work environments • Including CHNs in program planning activities • Understanding CHN capabilities as well as RN and LPN role differences 5. That territorial policy makers and employers improve northern and outpost CHNs access to

	material resources for effectively meeting their clients' needs.
	6. That researchers investigate CHN pay differences and job security across community sub sectors.
	7. That researchers study community health organizations to determine the extent that social determinants of health are addressed and develop methodology to account for the differences.
	8. That federal, provincial, and community policy makers develop a system of local intersectoral collaboration to support improved service integration and to address the social determinants of health.
Building Canadian Public Health Nursing Capacity: Implications for Action	1. That the Public Health Agency of Canada, provincial ministries of health, local health authorities and universities provide targeted funding for leadership and management development at all levels of the public health system.
	2. That all levels of public health governance coordinate public health planning to foster clear public health vision, goals and responsibilities that will effectively manage surge capacity, sharing of resources and reduced duplication.
	3. That local public health management further develops outcome-driven evidence-informed service delivery models that facilitate public health nursing creativity and responsiveness to community needs.
	4. That public health decision makers, managers and practitioners share responsibility for evidence informed healthy and effective workplace practices.
	5. That local public health managers and policy makers implement staffing models to allow for changing local needs, including challenges of emergency and pandemic outbreak management and growing prevalence of chronic disease.
	6. That academic researchers and local public health decision makers collect and share

| | information related to public health nursing roles and staffing strategies and collaborate to improve public health staffing models.

7. That public health managers have an in-depth understanding of the PHN role and support PHNs to maximize public health competencies.

8. That public health decision makers and managers continue to assure that programs have funding flexibility and PHNs have practice autonomy to support effective community development and partnerships that ultimately optimize health outcomes.

9. That all levels of government collaborate to develop comprehensive public health communication strategies to ensure widespread understanding of the role of public health within the health care system.

10. That local public health decision makers and managers invest in professional development budgets, in setting clear benchmarks, and in providing PHNs with ongoing access to learning opportunities.

11. That the new schools of public health, along with local health authorities, continue to develop and share comprehensive public health education resources, giving particular consideration to the learning and knowledge exchange needs of rural and remote public health delivery environments. |
|---|---|
| Final Report: Public Health Nursing Education at the Baccalaureate Level in Canada Today | 1. CASN promote enhancements to structures for quality measurements of baccalaureate nursing education:
  a) Direct the CASN Accreditation Bureau to consider the inclusion of targets within the accreditation standards specific to curriculum and resources relative to unique nursing content areas, beginning with community health
    I. Schools demonstrate an equal attention to curriculum (coursework and mandatory clinical practice) and resources to acute/hospital and community nursing education
    II. Schools demonstrate that faculty assigned to specific content portfolios (e.g. community health nursing) have or are encouraged and assisted to acquire current practice knowledge and experience relative to the portfolio. |

	III. Schools demonstrate that competencies such as national and provincial entry-level competencies, as well as specialty competencies e.g. Community health nursing as per CHNAC and Public Health (modified to reflect entry-level) have been addressed in the curriculum. IV. Schools demonstrate that each student has opportunities and completes a mandatory clinical rotation in community health nursing within the upper levels of the program. V. Schools demonstrate adequate resources to provide comprehensive supervision of students in clinical practice (e.g., faculty/student ratio of 1:8 in all practica except preceptorship experiences). VI. Schools demonstrate that within the program there are opportunities for students to apply the CHN program planning process. b) Promote the use of community health nursing entry-level standards and competencies in the creation of the Canadian Registered Nursing Examination. 2. CASN promote curricular enhancements in community health nursing of baccalaureate programs of member schools. a) Produce a position statement on community health content in baccalaureate nursing education; b) Encourage schools to ensure there is equivalency in curricular emphasis and resources available between acute/hospital care and community health nursing; c) Serve as a repository of best practices, curricula and resources (e.g., teaching tools) for content topics currently not well covered; d) Partner with other stakeholders to create a community health nurse educators network through electronic means; e) Partner with other stakeholders to facilitate regional and/or national forums for community health nursing educators. 3. CASN network with other stakeholders to advocate for provisions of financial and other support for infrastructure for community placements. a) Dialogue with PHN leaders to support education;

	b) Encourage stakeholders to create/evaluate formal partnerships between education and practice;
	c) Promote the increase in number of preceptors in community health nursing, encourage the creation of criteria for selection of community health nursing preceptors, and modification of workloads for those nurses who agree to precept nursing students, and promote the use of incentives for preceptorship participation;
	d) Promote the concept of cross-appointed faculty (practice & academe);
	e) Advocate with health regions and educational institutions to target resources for the purpose of increasing placement opportunities (e.g., assisting with student transportation costs, rural incentives in Newfoundland/Labrador);
	f) Promote relationship and partnership building as legitimate expectations of faculty workload and include as factors in tenure and promotion decisions;
	g) Advocate for and contribute to media campaigns to highlight a community health nurse's work;
	h) Advocate for increased and sustainable public/community health nursing research chairs;
	i) Utilize information on best practices in community health clinical placements as may be identified by the findings from the CASN commissioned research studies on clinical placements which are due in the spring of 2007.
Phase 2: Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses' Continuing Education Needs	Findings for the Report: Summary of Important Topic Areas for Continuing Education (p.37) • Health Promotion Theory • Program Evaluation • Engaging in collaborative intersectoral partnerships • Principles of epidemiology • Nursing informatics • Culturally relevant care • Harm reduction • Emergency management • Addressing service accessibility issues at the federal level • Advocating for healthy public policy Some differences noted between home health and public health e.g. evaluation of health

	promotion programs. Some responses regarding activities related to theoretical concepts of health promotion reflected lack of clarity in practice. Some differences noted by province/territory but not by years in nursing or title.
Final Report: Community Health Nurses Association of Canada Environmental Scan	Core themes identified in the Environmental Scan as CHNC's core focal areas: • Resources required • Health Promotion/protection/ prevention • Global Impacts • Education • Inter-jurisdictional/ inter-sectoral • Trends/Transitions • Evidenced Based Practice
Public Health Nursing Practice in Canada: A Review of the Literature	1. Members of the CHNAC, Certification, Standards & Competency Standing Committee establish, or nominate a working group (10 members) including a chair, to move forward with the development of the discipline-specific competencies for public health nursing practice. 2. Additional nominated members not willing/able to participate, form part of a resource group responsible for reviewing and providing feedback on a draft set of competencies. 3. Committee members define and refine an initial set of competencies and competency statements reflective of the key knowledge and skills outlined in the literature review (competencies will be organized according to the CCHN Standards of Practice [CHNAC, 2008]). 4. Key domains (based on the standards of practice) are assigned to pairs of individuals within the working group to further examine the specific competencies and competency statements within that domain. 5. Once completed, the list of competencies and their statements are validated through a Delphi process using a panel of experts external to the initial committee (3 rounds).

	6. During the second and third round of the Delphi method, the resource group participates with the original group to provide additional input.

7. Once consensus is reached, the draft version is sent to CHNAC for further review and input (revise as necessary).

8. Version 1.0 disseminated via the CHNAC website to members and stakeholders for additional input (revise as necessary).

9. The completed report is disseminated to wider public. |

Appendix C

Summarized Recommendations in Community Health Nursing Reports
Organized by Issue *

Issue	Recommendations
Health System Issues	That territorial policy makers and employers improve northern and outpost CHNs access to material resources for effectively meeting their clients' needs (5). That federal, provincial, and community policy makers develop a system of local intersectoral collaboration to support improved service integration and to address the social determinants of health (5). Federal and provincial health authorities address the data gaps by: • Convening a national task force under the auspices of CHNC in collaboration with other organizations to develop a common classification system for collecting data about services and CHN deployment (6); • Establishing and testing alternative data sources to enumerate community and public health staff using provincial databases derived from employer data bases 6). Develop collaborative recruitment and retention strategies among employers, provincial authorities and educators to offset shortages and include integration of internationally educated nurses across all community health sectors and continued assurance that undergraduate curricula are relevant to community health nursing practice (6). PHAC, provincial Ministries of Health; local health authorities and universities provide targeted funding for leadership and management development at all levels of the public health system (7).

	That territorial policy makers and employers improve northern and outpost CHNs access to material resources for effectively meeting their clients' needs (5).
Community Health Nursing Domains of Practice *(Role Clarity)* Themes: A clear definition of the role Sharing of a common language to describe the role Role confusion Devaluation of the role Challenges in working at full scope Lack of understanding of the role by other professions and the public.	Researchers investigate CHN roles and responsibilities across provinces/ territories including differentiating community sub sector program responsibilities and comparing CHN responsibilities according to program titles and sub sectors (6). Federal and provincial health authorities address the data gaps by: • Convening a national task force under the auspices of CHNC in collaboration with other organizations to develop a common classification system for collecting data about services and CHN deployment (6); • Establishing and testing alternative data sources to enumerate community and public health staff using provincial databases derived from employer data bases 6). Develop collaborative recruitment and retention strategies among employers, provincial authorities and educators to offset shortages and include integration of internationally educated nurses across all community health sectors and continued assurance that undergrad curricula are relevant to community health nursing practice (6). Develop a common definition and vision for 20/20 of community health nursing in Canada (1). Develop, implement and evaluate a comprehensive social marketing strategy to raise the profile of community health nursing (1). That researchers investigate CHN pay differences and job security across community sub sectors (5).

Leadership	Develop a common definition and vision for 20/20 of community health nursing in Canada (1).
Themes	
Leadership:	Develop an aggressive plan to shift the direction of health care to a primary health care system (1).
Is facilitated by a vision for CHN	
Is exercised at multiple levels within organizations	Establish a Community Health Nursing Centre of Excellence or Collaborating Centre to integrate all domains and advance interprofessional collaboration in practice and education with relevant stakeholders (1).
Is exercised at multiple levels within health system	PHAC, provincial Ministries of Health; local health authorities and universities provide targeted funding for leadership and management development at all levels of the public health system (7).
Is a key organizational support	
Involves identifying and monitoring trends in health and health care	That employers provide leadership training to assure managers have skills to maximize CHN effectiveness (5).
	That federal, provincial, and community policy makers develop a system of local intersectoral collaboration to support improved service integration and to address the social determinants of health (5).
Supports recruitment and retention	
Takes into account global issues	Local public health authorities coordinate public health planning to foster clear public health vision, goals, and responsibilities that in turn will effectively manage surge capacity, sharing of resources and reduced duplication (7).
Advocates for change to strengthen health system	
Requires training at all levels	That local public health authorities further develop outcome-driven evidence- informed service delivery models that facilitate PHN creativity and responsiveness to community needs (7).
	That researchers study community health organizations to determine the extent that social

	determinants of health are addressed and develop a methodology to account for the differences (5).
Access to Capacity Themes Provide access to professional development Strengthen human resources planning Strengthen curriculum and provide funding for infrastructure to develop and maintain placements Increase capacity in research Increase access to evidence (knowledge translation and transfer); Increase access to resources to support practice (e.g. tools; equipment).	Access to Continuing Education: Topics for Continuing Education (2) • Health Promotion Theory • Program Evaluation • Engaging in collaborative intersectoral partnerships • Principles of epidemiology • Nursing informatics • Culturally relevant care • Harm reduction • Emergency management • Addressing service accessibility issues at the federal level • Advocating for healthy public policy CASN promote curricular enhancements in community health nursing of baccalaureate programs of member schools (3). CASN promote enhancements to structures for quality measurements of baccalaureate nursing education (3). Direct CASN accreditation bureau to consider the inclusion of targets within the accreditation standards specific to curriculum and resources relative to unique nursing content areas (3). Promote the use of community health nursing entry level standards and competencies in the creation of the CRNE (3). CASN network with other stakeholders to advocate for provisions of financial and other

	support for infrastructure for community placements (3).
	Collaborate with the national community health nursing chair in building capacity of community health researchers and knowledge in community health nursing (1).
	That provincial nursing regulatory bodies continue or establish mechanisms to facilitate members' participation in research, including Registered Psychiatric Nurses (5).
	That employers and professional organizations improve access to evidence and continuing education and that CHNs take advantage of these opportunities to enhance their competence and professional confidence (5).
	That territorial policy makers and employers improve northern and outpost CHNs access to material resources for effectively meeting their clients' needs (5).
	That researchers study community health organizations to determine the extent that social determinants of health are addressed and develop methodology to account for the differences (5).
Interprofessional Intersectoral Themes Partnerships to advocate for resources; Interprofessional collaboration in all domains of practice; Strengthen	CASN network with stakeholders to advocate for financial and other support for community placements.(3) Collaborate with CASN in the reorientation of basic baccalaureate education to include community health nursing (public health and home health). (1) Establish a Community Health Nursing Centre of Excellence or Collaborating Centre to integrate all domains and advance interprofessional collaboration in practice and education with relevant stakeholders (1). That researchers, employers, and managers undertake collaborative interdisciplinary investigations and training to support effective team functioning in community health

relationships between practice, administration, and education; Intersectoral collaboration.	settings (5). That federal, provincial, and community policy makers develop a system of local intersectoral collaboration to support improved service integration and to address the social determinants of health (5). CASN network with other stakeholders to advocate for provisions of financial and other support for infrastructure for community placements (3).
Nursing Education	Collaborate with CASN in the reorientation of basic baccalaureate education to include community health nursing (1). CASN promotes enhancements to structures for quality placements of baccalaureate nursing education (3). CASN promotes curricular enhancements in community health nursing of baccalaureate programs of member schools (3). CASN networks with other stakeholders to advocate for provisions of financial and other support for infrastructure for community placements (3). Develop collaborative recruitment and retention strategies among employers , provincial authorities and educators to offset shortages and include integration of internationally educated nurses across all community health sectors and continued assurance that undergraduate curricula are relevant to community health nursing practice (6).
Environmental Scan	Core themes identified in the environmental scan are relevant to all issues and are: • Resources required • Health Promotion/protection/ prevention • Global Impacts • Education

	• Inter-jurisdictional/ inter-sectoral • Trends/Transitions • Evidenced Based Practice
Literature review	Form working group to move forward with development of discipline specific competencies for public health nursing (4). Remaining recommendations relate to work in developing competencies (Work completed)

Reports* (Recommendations are taken from each of the following reports.)
1. Community Health Nursing Vision 20/20: Wait or Shape? Study Report
2. Phase 2: Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses' Continuing Education Needs
3. Final Report: Public Health Nursing Education at the Baccalaureate Level in Canada Today
4. Public Health Nursing Practice in Canada: A Review of the Literature
5. National Community Health Nursing Study: Comparison of Enablers and Barriers for Nurses Working in the Community
6. National Community Health Nursing Study: Demographic Profile of Community Health Nurses Working in Canada
7. National Community Health Nursing Study: Building Canadian Public Health Nursing Capacity: Implications for Action
8. Final Report: Community Health Nurses Association of Canada Environmental Scan

Appendix D

Attributes of Social Justice

(Canadian Nurses Association: Social Justice- A Means to An End- an End in Itself, 2006)

Social Justice "means the fair distribution of society's benefits, responsibilities, and their consequences. It focuses on the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them" (CNA, 2006, p.7).

A number of attributes describe social justice:
- Equity (including health equity);
- Human rights (including the right to health);
- Democracy and civil rights;
- Capacity building;
- Just institutions;
- Enabling environments;
- Poverty reduction;
- Ethical practice;
- Advocacy;
- Partnerships.