Provincial Public Health Nursing Standards: *Prenatal, Postpartum, and Early Childhood*

2015

A Collaborative Project:
Manitoba's Regional Health Authorities and Manitoba Health, Healthy Living and Seniors

Manitoba

"Very comprehensive and wonderful to have provincial standards again!"

"We are making history!"

"These standards reflect what public health nursing should be."

"Makes me proud to be a public health nurse, thanks!"

The quotations contained within this document are from public health nurses and managers. They were selected from the feedback received during the Delphi Survey. The words that are highlighted in orange are defined in the Terms and Definitions section, Appendix C.

This document provides Manitoba's minimum provincial standards and practice expectations for public health nursing during the prenatal, postpartum and early childhood periods. This document is supported by two companion documents *Public Health Nursing: Prenatal, Postpartum and Early Childhood Practice Examples* and *Public Health Nursing: Prenatal, Postpartum and Early Childhood Tool Kit*. The companion documents are living documents and will be updated as best practice and emerging evidence becomes available. All of the documents available to date can be found at:
www.gov.mb.ca/health/publichealth/phnursingstandards

Vision

Public health nursing practice will improve health outcomes for all Manitobans by promoting equity and social justice, and addressing the social determinants of health in prenatal, postpartum, and early childhood populations.

Objective

The standards define the minimum practice expectations for public health nurses (PHNs) in Manitoba in the areas of prenatal, postpartum and early childhood.

Background

The Provincial Public Health Nursing Standards for prenatal, postpartum, and early childhood were developed from May 2013 through December 2015, using a collaborative process involving Manitoba Health, Healthy Living and Seniors, and regional health authorities.

The standard statements, practice expectations, and examples were developed based on input from public health practitioners and other professionals across the province. Public health nursing practice aims to improve population health using strategies that promote, protect, and preserve the health of children and families in Manitoba.

These standards integrate and build on a variety of local and national documents. These include Standards[1], Competencies[2], Roles and Activities[3] for public health nursing practice developed by national experts in public health nursing, as well as standards of practice developed by the College of Registered Nurses of Manitoba (CRNM)[4]. As part of the process, an extensive literature review was conducted. These standards are informed by current evidence, as well as the professional expertise of PHNs in practice and reflect consensus agreement of PHNs and public health managers in Manitoba.

This document is comprised of two main sections. Section I lists seven broad standard statements. Section II contains the standard statements with associated practice expectations. The document concludes with appendices highlighting public health nursing history, followed by guiding values and terms and definitions.

Acknowledgments

This project would not have been possible without the contribution and support of many individuals and is the direct result of the leadership and collaborative work of the Public Health Nurse Representatives, the Standards Advisory Committee and the Public Health Managers from across the province. A special thank you also goes out to the public health nurses, managers and directors from across the province who shared "their voice" and expertise through the Delphi survey process.

Public Health Nurse Representatives and the Standards Advisory Committee included members from across all five Regional Health Authorities, First Nations and Inuit Health Branch and Manitoba Health, Healthy Living and Seniors.

Thank you:

First Nations and Inuit Health Branch
Interlake Eastern Regional Health Authority
Northern Regional Health Authority
Prairie Mountain Health
Southern Health/Santé Sud
Winnipeg Regional Health Authority

"Happy to be asked to participate in the survey for developing and confirming our standards of practice."

"Social justice is the foundation of public health.

This powerful proposition—still contested—first emerged around 150 years ago during the formative years of public health as both a modern movement and a profession. It is an assertion that reminds us that public health is indeed a public matter, that societal patterns of disease and death, of health and well-being, of bodily integrity and disintegration, intimately reflect the workings of the body politic for good and for ill. It is a statement that asks us, pointedly, to remember that worldwide dramatic declines—and continued inequalities—in mortality and morbidity signal as much the victories and defeats of social movements to create a just, fair, caring, and inclusive world as they do the achievements and unresolved challenges of scientific research and technology. To declare that social justice is the foundation of public health is to call upon and nurture that invincible human spirit that led so many of us to enter the field of public health in the first place: a spirit that has a compelling desire to make the world a better place, free of misery, inequity, and preventable suffering, a world in which we all can live, love, work, play, ail, and die with our dignity intact and our humanity cherished."[5]

Table of Contents

Preamble

The Community Health Nurses of Canada (CHNC) is a national organization that provides leadership and acts as the unified voice for public health nurses.[6] CHNC has been instrumental in the development of documents that articulate public health nursing practice.[1-3] For the *Manitoba Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood*, the seven core standard statements and their respective descriptive paragraphs were developed using the *Community Health Nurses of Canada, Professional Practice Model & Standards of Practice* (2011).[1]

This CHNC document provided a strong foundation in the development of the *Manitoba Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood*, which depicts a unique role for public health nurses in Manitoba working with prenatal, postpartum and early childhood populations.

SECTION I:
Manitoba Public Health Nursing Standards

Standard 1: Relationship Building

Public health nurses "connect with others to establish, build and nurture therapeutic and professional relationships. These relationships promote maximum participation and self determination of the individual, family, group, community or population."[1]

Standard 2: Equity and Access

Public health nurses facilitate access and equity by working to increase equitable distribution of resources and services throughout the population to reach individuals and families, communities and populations who are most disadvantaged.[1]

Standard 3: Public Health Nursing Assessment, Screening and Case Management

Public health nurses use assessment and screening to identify assets and needs of the individual, family, community and population, using universal and targeted strategies. Public health nursing assessment includes consideration of the physical, psychological, and social determinants of health and addresses health inequities. Screening and assessment provides a basis for the continued work of case management with disadvantaged clients.[1-3]

Standard 4: Health Promotion

Public health nurses integrate health promotion into their prenatal, postpartum and early childhood practice.[1] "Health promotion is the process of enabling people to increase control over, and to improve their health."[7]

Standard 5: Prevention and Health Protection

Public health nurses "integrate prevention and health protection activities into public health nursing practice."[1]

Standard 6: Capacity Building

Public health nurses "build individual and community capacity by actively involving and collaborating with individuals, families, groups, organizations, populations, communities and systems. The focus is to build on strengths and increase skills, knowledge and willingness to take action in the present and in the future."[1]

Standard 7: Professional Responsibility and Accountability

Public health nurses "demonstrate responsibility and accountability as a fundamental component of their professional and autonomous practice."[1]

"PHN's need to work in all levels, all the time."

SECTION II:
Standards and Practice Expectations

Standard 1: Relationship Building

Public health nurses "connect with others to establish, build and nurture therapeutic and professional relationships. These relationships promote maximum participation and self determination of the individual, family, group, community or population."[1]

1.1 Therapeutic Relationships

Practice Expectations:

1.1.1 Build therapeutic relationships with clients over time, from first contact and ongoing.
1.1.2 Recognize and plan for continuity of care.
1.1.3 Create connections, trust and shared meaning.
1.1.4 Use creative engagement to initiate and maintain PHN contact, and continue assessment and intervention with disadvantaged clients.
1.1.5 Consider and ameliorate challenges for client engagement (ex: geography, lack of telephone service, client capacity).
1.1.6 Use effective communication skills.
1.1.7 Evaluate the nurse/client relationship as part of regular practice assessment.

> *"Everything we do begins with developing a relationship with someone."*

1.2 Professional Relationships

Practice Expectations:

1.2.1 Build relationships with health practitioners, inter-governmental agencies, community and business sectors, and other key stakeholders.
1.2.2 Work in partnerships to plan needed resources or programs.
1.2.3 Work with partners to increase access and referrals to public health nursing resources and supports.
1.2.4 Work collaboratively to develop systems and networks that actively seek out and provide support to those who are not accessing health and social resources, but could benefit from contact.
1.2.5 Engage in inter-professional collaboration with practitioners, community groups and partners to support clients.
1.2.6 Share information and collaborate with colleagues and partners regarding available resources to increase cost effectiveness and avoid duplication.
1.2.7 Evaluate the nurse/partner relationship as part of regular practice assessment.

Standard 2: Equity and Access

Public health nurses facilitate access and equity by working to increase equitable distribution of resources and services throughout the population to reach individuals and families, communities and populations who are most disadvantaged.[1]

2.1 Equity and Access

Practice Expectations:

2.1.1 Increase awareness of services that address the social determinants of health and promote health equity.

2.1.2 Provide universal and targeted public health nursing services based on client need, with a focus on disadvantaged populations.

2.1.3 Consider culture relevant to client.

2.1.4 Use language and methods of communication suited to client.

2.1.5 Use nursing assessment and professional judgment to tailor services to meet client needs.

2.1.6 Use approved technology and multi-media to facilitate accessibility and delivery of public health programs and services.

2.1.7 Monitor and evaluate changes and progress in access to community services that support the social determinants of health.

"We have a role in reducing poverty."

2.2 Advocacy

Practice Expectations:

2.2.1 Support and advocate for individuals, families, communities and populations based on identified needs.

2.2.2 Consider policy implications and work within the organization and with other stakeholders to develop or revise policies and programs.

"It is about walking along side clients until they are confident."

Standard 3: Public Health Nursing Assessment, Screening and Case Management

Public health nurses use assessment and screening to identify assets and needs of the individual, family, community and population, using universal and targeted strategies. Public health nursing assessment includes consideration of the physical, psychological, and social determinants of health and addresses health inequities. Screening and assessment provides a basis for the continued work of case management with disadvantaged clients.[1-3]

3.1 Assessment and Screening

Practice Expectations:

3.1.1 Collect and integrate multiple sources of information to understand the trends, gaps, strengths and concerns of clients.

3.1.2 Consider the context of individual, family, community and population, with all contacts.

3.1.3 Assess for opportunities to promote health and learning with every client contact.

3.1.4 Use every contact as an opportunity to assess, screen and identify needs beyond original intent.

3.1.5 Use public health nursing knowledge and skills to ensure a broad focus versus a task-based focus.

3.1.6 Complete public health nursing assessment to identify client strengths and vulnerabilities.

"A community has many variables and can change rapidly."

a. **Community Assessment**

- Assess the community on an ongoing basis and at least every two years, using a variety of sources.
- Maintain an ongoing community/neighbourhood health record.

b. **Prenatal Assessment**

- Complete a public health nursing prenatal assessment, (in person or by telephone), within two weeks of receipt of prenatal referral or before estimated date of confinement (EDC) if late in pregnancy.
- Determine the need, timing and most appropriate type of public health nursing follow-up based on assessment, with priority "in person" follow up for disadvantaged clients.
- Provide public health nursing case management for disadvantaged families.
- Refer acute clinical issues to appropriate professionals and resources (ex: primary care, acute care, mental health).
- Collaborate with health and social service providers (ex: midwifery, physicians, child and family services, economic assistance) to support ongoing case management of disadvantaged families.
- Facilitate access and referrals to community based programs (ex: prenatal education, Healthy Baby).
- Collaborate with community, health, and social partners to seek out disadvantaged prenatal families for whom referrals may not be received.

"Great to start the relationship early where possible."

c. **Postpartum Assessment**
- Complete an initial assessment within 48 hours of discharge to identify strengths and risks to determine the need and timing of public health nursing follow-up.
- Complete an in-person public health nursing assessment within one week of initial assessment, with priority follow-up for disadvantaged clients.[8]
- Provide public health nursing case management for disadvantaged families.
- Refer acute clinical issues to appropriate health care professionals (ex: primary care, acute care, mental health).
- Facilitate access and referrals to community based groups/programs (ex: breastfeeding, postpartum depression, Healthy Baby).
- Collaborate with health and social service providers (ex: midwifery, physicians, child and family services, income security), to support ongoing case management of disadvantaged families.

d. **Early Childhood Assessment**
- Complete early childhood public health nursing assessment(s) for disadvantaged infants, children and families.
- Provide continuity of public health nurses and service through the prenatal, postpartum and early childhood periods.
- Upon receipt of an early childhood referral, the assessment will be completed within 2 weeks.
- Complete early childhood assessments (two months to five years) using a variety of methods, tools, sites and opportunities, such as Child Health Clinics, preschool screening and immunization appointments.
- Provide public health nursing case management for disadvantaged families.
- Work with partners to identify, promote and develop programs and services for early childhood.

3.1.7 Evaluate the impact of public health nursing interventions, including health outcomes for clients.

3.2 Case Management

Practice Expectations:

3.2.1 Collaborate with partners and stakeholders to plan interventions for disadvantaged clients.

3.2.2 Provide a public health nursing continuum of care, including opportunities for ongoing contact with disadvantaged families and populations.

3.2.3 Assist clients with referrals to other practitioners, agencies or programs, including services that address the social determinants of health and health equity.

3.2.4 Promote the right provider and right service for each client.

"Recognize the critical importance of continuity of care."

Standard 4: Health Promotion

Public health nurses integrate health promotion into their prenatal, postpartum and early childhood practice. "Health promotion is the process of enabling people to increase control over, and to improve their health."[7]

4.1 Health Promotion

Practice Expectations:

4.1.1 Use an upstream, population health approach.

4.1.2 Address inequities in the social determinants of health.

4.1.3 Offer anticipatory guidance, based on assessed client needs.

4.1.4 Incorporate mental health promotion.

4.1.5 Promote healthy relationships.

4.1.6 Promote the infant/parent attachment process.

4.1.7 Promote and support clients to create environments that facilitate healthy child development (ex: housing, income security, mental health, healthy nutrition, physical literacy, school readiness).

4.1.8 Collaborate with key stakeholders to create policies, programs and supportive environments that increase breastfeeding initiation and duration rates for all, with a focus on disadvantaged populations.

4.1.9 Evaluate and modify population health promotion programs in partnership with stakeholders.

"Great to think 'big picture'."

"We use our knowledge to creatively assist our partners, in order to promote health and prevent illness."

Standard 5: Prevention and Health Protection

Public health nurses "integrate prevention and health protection activities into public health nursing practice."[1]

5.1 Prevention and Health Protection

Practice Expectations:

5.1.1 Participate in prevention activities at the primary, secondary and tertiary levels (levels of prevention).

5.1.2 Work to improve prenatal, postpartum and early childhood outcomes.

5.1.3 Incorporate principles of harm reduction.

5.1.4 Complete communicable and infectious disease prevention/screening.

5.1.5 Increase immunization completion rates.

5.1.6 Recognize each contact as an opportunity to review immunization status, and offer immunizations or facilitate referrals to alternate providers.

5.1.7 Evaluate the impact of public health nursing intervention, including health outcomes for clients.

Standard 6: Capacity Building

Public health nurses "build individual and community capacity by actively involving and collaborating with individuals, families, groups, organizations, populations, communities, and systems. The focus is to build on strengths and increase skills, knowledge and willingness to take action in the present and in the future."[1]

6.1 Capacity Building and Community Development

Practice Expectations:

6.1.1 Collaborate with communities and stakeholders to decrease inequities, address the determinants of health and improve population level outcomes for families and their children.

6.1.2 Use community assessment and knowledge of the community to adapt programs to meet their identified needs and preferred outcomes.

6.1.3 Share expertise, research and best practices to assist in moving community development initiatives forward.

6.1.4 Act as a catalyst to help resolve issues and concerns.

6.1.5 Use a strength-based approach.

6.1.6 Support clients to advocate for themselves when possible, and apply principles of social justice to advocate for those who are not able to take action.

6.1.7 Assist clients to view themselves as part of a community that influences their health.

6.1.8 Evaluate the impact of public health nursing intervention on health outcomes of the individual, family, group, community, population or system.

"We need to be involved with our communities."

"I am ready to be a part of a public health team that is prepared to address social justice."

Standard 7: Professional Responsibility and Accountability

Public health nurses "demonstrate responsibility and accountability as a fundamental component of their professional and autonomous practice."[1]

Practice Expectations:

7.1 Practice according to the *College of Registered Nurses of Manitoba (CRNM) Standards of Practice*.[4]

7.2 Practice according to the Canadian Nurses Association (CNA) Code of Ethics.[9]

7.3 Practice according to respective regional health authority policies.

7.4 Practice according to the *Government of Manitoba, Public Health Act.*

7.5 Base practice on public health science and *Canadian Health Nurses of Canada Discipline Specific Public Health Nursing Competencies*.[2]

7.6 Develop knowledge and expertise in influencing healthy public policy.

7.7 Integrate socio-political knowledge into practice.

7.8 Develop and demonstrate leadership skills.[10]

7.9 Develop knowledge and expertise related to culture and integrate into practice.

7.10 Promote the public health nursing profession and services to partners and clients.

7.11 Share knowledge regarding emerging trends, population changes, and resource requirements with key stakeholders, including colleagues and managers.

7.12 Participate in reflective practice as an individual and as member of a larger organizational team.

7.13 Engage and develop collaborative relationships with practitioners, community groups and partners who may not be aware of public health nursing services and resources.

"We only grow when we work outside of our comfort zone."

"Leadership is influence that moves people."

References

1. Community Health Nurses of Canada, *Canadian community health nursing professional practice model & standards of practice*. 2011, Ottawa: Community Health Nurses of Canada.
2. Community Health Nurses of Canada, *Public health nursing discipline specific competencies*. 2009, Community Health Nurses of Canada: Ottawa.
3. Canadian Public Health Association, *Public health ~Community health nursing practice in Canada. Roles and activities*. 4th ed. 2010, Ottawa: Canadian Public Health Association. 44.
4. College of Registered Nurses of Manitoba *Standards of practice for registered nurses: Nursing practice expectations*. 2013.
5. Krieger, N. and A.-E. Birn, *A vision of social justice as the foundation of public health: Commemorating 150 years of the spirit of 1848*. American Journal of Public Health, 1998. 88(11): p. 1603.
6. Community Health Nurses of Canada. What is the Community Health Nurses of Canada (CHNC)? About CHNC n.d. [cited February 20 2013]; Available from: *http://www.chnc.ca/about-community-health-nurses.cfm*.
7. World Health Organization. *The Ottawa charter for health promotion*. First International Conference on Health Promotion 1986; Available from: *http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html*.
8. Brownell, M., et al., *Next steps in the provincial evaluation of the babyfirst program: Measuring early impacts on outcomes associated with child maltreatment*. 2007, Faculty of Medicine, University of Manitoba: Winnipeg,MB.
9. Canadian Nurses Association, *Code of ethics for registered nurses*. 2008, Canadian Nurses Association: Ottawa, ON.
10. Community Health Nurses of Canada, *Leadership competencies for public health practice in Canada*. 2015, Community Health Nurses of Canada: Ottawa, ON.
11. Duncan, S.M., B.D. Leipert, and J.E. Mill, *Nurses as health evangelists? The evolution of public health nursing in Canada, 1919-1939*. Advances in Nursing Science, 1999. 22: p. 40-51.
12. Falk-Rafael, A., *The politics of health promotion: influences on public health promoting nursing practice in Ontario, Canada, from Nightingale to the nineties*. Advances in Nursing Science, 1999: p. 22-39.
13. Falk-Rafael, A., *Speaking truth to power: Nursing's legacy and moral imperative*. Advances in Nursing Science, 2005. 28: p. 212-233.
14. McKay, M., *Public health nursing in All Frontiers: Four centuries of Canadian nursing*, C. Bates, D. Dodd, and N. Rousseau, Editors. 2005, University of Ottawa Press: Ottawa, Ontario. p. 107-124.
15. Buhler-Wilkerson, K. *What is a public health nurse? Historical visions of public health nursing*. 2010. 1-5.
16. Kalnins, I., *Edna Dell Weinel, Champion of Public Health Nursing— Excerpts from an Oral History. Public Health Nursing*, 2008. 25(2): p. 194-199.
17. National Collaborating Centre for Determinants of Health, *Let's talk: Health equity*, S.F.X. University, Editor. 2013, National Collaborating Centre for Determinants of Health: Antigonish, N.S.
18. National Collaborating Centre for Determinants of Health *Let's talk... Moving upstream*. Let's Talk Series, 2014.
19. National Collaborating Centre for Methods and Tools, *A Model for Evidence-Informed Decision-Making in Public Health [fact sheet]*. 2012, National Collaborating Centre for Methods and Tools: Ottawa, ON.
20. National Collaborating Centre for Healthy Public Policy. *Defining "public policy."* [website] 2010 April 9, 2011]; Available from: *http://www.ncchpp.ca/62/What_We_Do.ccnpps.*

21. Public Health Agency of Canada. *Glossary of Terms*. [webpage] 2010 Last modified 2010-07-21 [cited 2015 September 30]; Available from: *http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/glos-eng.php.*
22. Meagher-Stewart, D., et al., *Organizational attributes that assure optimal utilization of public health nurses*. Public Health Nursing, 2010. 27(5): p. 433-41.
23. Falk-Rafael, A. and C. Betker, *The primacy of relationships: A study of public health nursing practice from a critical caring perspective*. Advances in Nursing Science, 2012. 35(4): p. 315-32.
24. Whitehead, M., S. Povall, and B. Loring *The equity action spectrum: Taking a comprehensive approach*. Guidance for addressing inequities in health, 2014.
25. Commission on Social Determinants of Health, *Closing the gap in a generation: Health equity through action on the social determinants of health*, in *Final Report*. 2008, World Health Organization: Geneva.
26. Farlex, *Anticipatory guidance*, in *Medical Dictionary*. 2015, Farlex and Partners.
27. Kochanska, G. and S. Kim, *Toward a new understanding of legacy of early attachments for future antisocial trajectories: Evidence from two longitudinal studies*. Development and psychopathology, 2012. 24(3): p. 783-806.
28. National Case Management Network, *Canadian standards of practice for case management*. 2009, National Case Management Network,: Ottawa, ON.
29. National Case Management Network, *National core competency profile for case management providers*. 2012: Ottawa, ON.
30. Oxford Dictionaries, *Community*, in *Language Matters*. n.d.,.
31. Canadian Nurses Association, Canadian Medical Association, and Health Action Lobby *Integration: A new direction for Canadian health care*. A report on the health provider summit process, 2013.
32. Best Start Resource Centre *How to engage families in services*. 2011.
33. Early Learning Partnership Parental Engagement Group *Principles for engaging with families*. 2010.
34. Varcoe, C. and P. Rodney, Constrained agency: *The social structure of nurses' work*., in *Health, Illness, and Healthcare in Canada*, B.S. Borlaria and H. Dickinson, Editors. 2009, Nelson Thomas Learning: Scarborough, Ontario. p. 122-151.
35. Canadian Nurses Association *Promoting cultural competence in nursing* Position Statement, 2010.
36. National Collaborating Centre for Determinants of Health, *Glossary*. n.d.,, St. Francis Xavier University: Antigonish, NS.
37. National Collaborating Centre for Methods and Tools. *Evidence informed public health 2015* September 30, 2015 October 25, 2014]; Available from: *http://www.nccmt.ca/eiph/index-eng.html.*
38. Leslie, K., Canadian Pediatric Society, and Adolescent Health Committee. *Harm reduction: An approach to reducing risky health behaviours in adolescents*. Position Statement 2014 February 1, 2014 [cited 2015 November 4]; 2:[Available from: *http://www.cps.ca/en/documents/position/harm-reduction-risky-health-behaviours.*
39. Whitehead, M. and G. Dahlgren *Concepts and principles for tackling social inequities in health: Levelling up part 1*. 2008.
40. Minnesota Department of Health, *Public health interventions applications for public health nursing practice, in Division of CommunityHealth Services*. 2001, Minnesota Department of Health: Minnesota.
41. Public Health Agency of Canada. *What is the population health approach?* 2012 [cited 2014 November 4]; Available from: *http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php#What.*
42. Government of Manitoba. *Introduction*. All Aboard: Manitoba's Poverty Reduction and Social Inclusion Strategy n.d.; Available from: *http://www.gov.mb.ca/allaboard/index.html*.
43. Asselin, M.E. and A.H. Cullen *Improving practice through reflection*. Nursing 2011 2011. 41, 44-46.

44. Canadian Nurses Association, *Social Justice... A means to an end, an end in itself*. 2006, Canadian Nurses Association: Ottawa.
45. Canadian Nurses Association, *Social Justice... A means to an end, an end in itself*. 2010, Canadian Nurses Association: Ottawa, ON.
46. Gottlieb, L.N., *Strength-based nursing care: Health and healing for person and family*. 2013, New York: Springer.
47. National Collaborating Centre for Determinants of Health, *Let's talk: Universal and targeted approaches to health equity*. 2013, National Collaborating Centre for Determinants of Health,: Antigonish, N.S.
48. College of Registered Nurses of Manitoba *Professional boundaries for therapeutic relationships*. Revised: 09/2011.

SECTION III: Appendices

Appendix A

Public Health Nursing History... Then and Now

The origins of public health nursing in Canada have been traced back to the 17th and 18th centuries in the work of religious orders and pioneer women.[11] These women provided care to the ill and injured in their communities and recognized the unfavourable impacts of social factors, such as poverty, on health.[11,12] The scope of their practice was shaped by the needs of the community, and encompassed not only addressing issues at the individual and family level, but also advocating for social and political changes to address what are referred to today as social determinants of health.[11-13] With recognition of the many factors that affected wellbeing, public health nursing services began with a focus on communicable disease, school health, and child health (including infant milk depots, well baby clinics, hygiene and nutrition).[14]

The term "public health nurse" was coined over 100 years ago by American nurse Lillian Wald. Her vision was to prescribe a new role for nurses who visited the homes of the sick and impoverished.[11] Wald believed that illness most often resulted from factors beyond an individual's control and that treatment should be prescribed in a way that considered the social, economic, and medical aspects of each case. Her efforts resulted in nursing practice that extended beyond simply caring for patients and their families during illness, to encompass an agenda for reform in health care, industry, education, recreation and housing.[15] This shift in thinking demonstrates that public health nurses began to examine the effects of health equity long before the term even existed.

Public health nurses were considered among nursing elite, usually possessing education beyond the average hospital training. Despite the challenges, many were attracted to the profession for its adventure, a role that could test knowledge and skill, to work and learn from other cultures and for the opportunity to work autonomously. Public health nurses saw the advantage of working to improve health in homes and community settings where daily life was occurring.[14]

Advancements to public health nursing have also been attributed to renowned public health nurse, Edna Dell Weinel during her professional career (1950s-1990s). Her legacy includes a passionate career that emphasized the importance of addressing social justice and incorporating interdisciplinary team work as key components needed to improve the health status of communities. She believed that to achieve a productive and rewarding career in public health nursing, nurses should "work at one's highest level of skill, provide care with a social conscience, develop effective team relationships, and become skilled in the strategic use of power and influence for the health of the community."[16]

To help define the public health nursing role within the province of Manitoba, in May of 1987, *Maternal and Child Health Program Standards for Public Health Nursing* were developed. The philosophies those standards contained, link the goals of public health nursing pioneers with current practice direction. This is evidenced by the 1987 document directing interventions not simply to physical needs, but to the client as a whole. It highlighted that the client's values, culture, and life experiences can shape health status, and that the public health nurse must work with the client to identify their goals. The document underlined that an individual is influenced by broader environments such as their family, groups and communities, within social and economic conditions.

A more recent view of public health nursing includes population-focused work, which highlights the importance of promoting health at a population level, using an upstream approach.[13] Understanding the political and structural nuances of upstream approaches requires modern public health nurses to have specialized knowledge, advanced competencies and skill sets.[17,18]

The 2015 Provincial Public Health Standards document was created by recognizing the historical efforts of public health nursing pioneers, and from identifying current research and practice expertise from public health nurses in Manitoba. This document seeks to illustrate the role and direction for practice in public health nursing in Manitoba.

Appendix B

Guiding Values for Public Health Nursing

The following values and principles were identified using a collaborative method, with input from public health nurses, public health leaders and decision makers and the Standards Advisory Committee. These values are consistent with the values and beliefs articulated in national documents describing public health nursing roles.[3]

Access and Outreach – Public health nurses consider multiple points of access for services and provide outreach to those clients who are disadvantaged.

Accountability – Public health nurses are responsible for their actions to the client and organization.

Advocacy – Public health nurses advocate for individuals, communities and/or populations.

Collaboration and Partnerships – Public health nurses work in collaboration with staff, colleagues, partners, and communities.

Community Capacity Building – Public health nurses work in partnership with communities to assist members in addressing issues and developing actions that promote the health of their community.

Continuity of Care – Public health nurses provide consistency of personnel and programming for client care within a geographic area or defined population, to enhance the building of therapeutic client relationships and trust over time.

Continuum of Care – Public health nurses and programs work with clients over time to provide services tailored to a variety of life stages.

Cultural Awareness – Public health nurses strive to work respectfully with individuals, families and population groups with differing characteristics and backgrounds.

Early Intervention – Public health nurses believe that health promotion in early life can positively affect the life course of individuals and families.

Evidence Informed Practice – Public health nurses base practice on research, professional expertise, community health issues and local context, political preferences and actions, and consideration of public health resources.[19]

Family Centred Care – Public health nurses are aware that the health of individuals is influenced by their families, neighborhoods and communities.

Full Scope of Practice – Public health nurses work to full scope of practice as articulated in CHNC Professional Practice Model and Standards of Practice[1], PHN Discipline Specific Competencies[2], and CPHA Public Health, Community Health Practice in Canada, Roles and Activities.[3]

Harm Reduction – Public health nurses promote practices, programs and policies to reduce harm.

Health Equity - Public health nurses are aware of health disparities among populations and work to increase health in groups with lower health levels.[17]

Healthy Public Policy – Public health nurses participate in the development and evaluation of policies that have positive effects on health.[20]

Holistic Care – Public health nurses approach client care with the understanding of health as a state of complete mental, physical and social well being.[7]

Innovation – Public health nurses use creative methods, including use of technology, in all areas of practice.

Leadership – "Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge".[21]

Organizational Culture and Management Practices – Public health nursing leaders facilitate public health nursing practice through teamwork, respect, autonomy, recognition of professional judgment, and ethical principles.

Organizational Support of Public Health Nursing Role – Public health nurses thrive in organizations that support, understand and value the public health nursing role.[22]

Population-focused Care – Public health nurses promote, protect, and preserve the health of populations, and facilitate equitable health outcomes by addressing the determinants of health.[18, 23]

Practice Excellence – Public health nurses aim to improve the health of individuals, families, communities and populations, through integration of public health and nursing knowledge, critical and reflective thought, communication and collaboration.

Professional Education and Workforce Development – Public health nursing leaders provide education to develop competencies in population health and health equity. Public health nurses seek continuing education to maintain their competence.

Promotion of Public Health Nursing Role – Public health nurses and leaders increase the visibility of the role of by articulating the unique functions of public health nurses.

Relationship Based Care – Public health nurses seek to build therapeutic relationships over time, with individuals, families and communities, providing for a foundation of trust and mutual respect.

Social Determinants of Health – Public health nurses seek to "improve daily living conditions" by tackling "the inequitable distributions of power, money, and resources."[24, 25]

Strength Based Care – Public health nurses work with individuals, families, and communities to identify, and build on client assets.

Tailored Interventions – Public health nurses plan and modify interventions based on assessed needs and collaborative understanding of the clients' desired outcomes.

Upstream Approach – Public health nurses seek to ameliorate "the causes-of-the-causes of poor health."[18]

Appendix C

Terms & Definitions

Advocacy – "Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest."[21]

Anticipatory Guidance – Where "information about normal expectations of an age group to provide support for coping with problems before they arise. It is a component of many health care encounters (ex: well-child checkups in infancy)."[26]

Attachment – Where the interactions of the parent with the child allow "for the child to achieve confidence in protection; to establish trust in the parent; and to form the expectation that the parent will be reliably available and willing to provide effective comfort in case of stress, distress, or threat…A secure attachment contributes to a relatively enduring reciprocal, cooperative, mutually responsive orientation between the parent and the child. That orientation enhances the effectiveness of future parent-child socialization."[27]

Case Management – "Case management is a collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources. Case management supports the clients' achievement of safe, realistic, and reasonable goals within a complex health, social, and fiscal environment."[28] Case managers use assessment, planning, facilitation, care coordination, evaluation, and advocacy to "work in partnership with clients and their social network; support client rights; focus on the quality and continuity of care; work in an interprofessional and inter-organizational environment; integrate a holistic perspective to client goals; demonstrate compassion, empathy and caring in dealing with client and social network; are accountable."[29]

Client – "Community health nurses support the health and well-being of individuals, families, groups, communities, populations and systems."[1]

Client Centred Care – "A partnership between a health care provider or a team of health providers and a patient where the client retains control over his/her care and is provided access to the knowledge and skills of provider(s) to arrive at a realistic plan of care and access to the resources to achieve the plan."[4]

Collaboration – "A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone."[21]

Community – "A group of people living in the same place or having a particular characteristic in common."[30]

Contact – For these standards, a contact is defined as an in-person, telephone, and/or other public health nurse/client communication for the purpose of initiating an assessment, intervention, or evaluation. It does not include leaving a message or written note for the client, but is rather a two way communication.

Continuity of Care – Ongoing therapeutic relationship between a public health nurse and the client, over time.

Continuum of Care – A component of a client centred approach, where public health nursing service is available over time, and allows for multiple entry points for additional services.[31]

Creative Engagement – Creative engagement involves nursing reflection to identify possible barriers in acceptance of public health nursing services. The initiation of public health services may involve multiple attempts at contact, inventive or non-traditional methods of contact, and should begin with a goal of relationship building.[32, 33]

Culture – As cited in CNA (2010) "refers to the processes that happen between individuals and groups within organizations and society, and that confer meaning and significance[34]. CNA believes that cultural competence is the application of knowledge, skills, attitudes or personal attributes required by nurses to maximize respectful relationships with diverse populations of clients and co-workers. "Underlying values for cultural competence are inclusivity, respect, valuing differences, equity and commitment."[35]

Disadvantage – for the purpose of these standards, we define disadvantaged as "populations or groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability."[36]

Early Childhood Period – for these standards, is defined as the time period from six weeks after birth to age five.

Evidence Informed Public Health –"The process of distilling and disseminating the best available evidence from research, context and experience, and using that evidence to inform and improve public health practice and policy."[37]

Harm Reduction – "a strategy directed toward individuals or groups that aims to reduce the harms associated with certain behaviours…There is a growing literature supporting the efficacy of harm reduction strategies in both the prevention and intervention of behaviour with potential health risks."[38]

Health Equity – means "that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance."[39]

Leadership – "ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community or the organization in which they work."[21]

Levels of Prevention – "Public health interventions are population-based if they consider all levels of prevention, with a preference for primary prevention. Turnbock (1997) states that prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect, after it has occurred. A population approach is different from the medical model in which persons seek treatment when they are ill or injured. Not every event is preventable, but every event does have a preventable component. Thus, a population-based approach presumes that prevention may occur at any point before a problem occurs, when a problem has begun but before signs and symptoms appear, or even after a problem has occurred."[40]

> **Primary Prevention** – "both promotes health and protects against threats to health. It keeps problems from occurring in the first place. It promotes resiliency and protective factors or reduces susceptibility and exposure to risk factors. Primary prevention is implemented before a problem

develops. It targets essentially well populations. Primary prevention promotes health, such as building assets in youth, or keeps problems from occurring, for example, immunizing for vaccine-preventable diseases."[40]

Secondary Prevention – "detects and treats problems in their early stages. It keeps problems from causing serious or long-term effects or from affecting others. It identifies risks or hazards and modifies, removes, or treats them before a problem becomes more serious. Secondary prevention is implemented after a problem has begun, but before signs and symptoms appear. It targets populations that have risk factors in common. Secondary prevention detects and treats problems early, such as screening for home safety and correcting hazards before an injury occurs."[40]

Tertiary Prevention – "limits further negative effects from a problem. It keeps existing problems from getting worse. It alleviates the effects of disease and injury and restores individuals to their optimal level of functioning. Tertiary prevention is implemented after a disease or injury has occurred. It targets populations who have experienced disease or injury. Tertiary prevention keeps existing problems from getting worse. For instance, collaborating with health care providers to assure periodic examinations to prevent complications of diabetes such as blindness, renal disease failure and limb amputation."[40]
Whenever possible, public health, programs emphasize primary prevention.[40]

Partnerships – "Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal."[21]

Population Health – "an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health."[41]

Postpartum Period – for these standards, is defined as the time period from birth to six weeks of age.

Poverty Reduction Strategies – "create the conditions that allow people to participate fully in society as valued, respected and contributing members…to reduce poverty and promote social inclusion: safe, affordable housing in supportive communities; education, jobs and income support; strong, healthy families; accessible, coordinated services…Poverty is complex and goes beyond having enough money to live each day."[42]

Prenatal Period – for these standards, is defined as the time period from conception to birth.

Professional Relationships – "Professional relationships in community health nursing [are those that] have an impact on communication, consultation, collaboration and forming effective partnerships with clients, team members other professionals as well as other sectors and organizations."[1]

Public Health – "An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term 'public health' can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise."[21]

Public Health Nursing – As cited in Canadian Public Health Association (2010):

- "combines knowledge from public health science, primary health care (including the determinants of health), nursing science, and the social science
- focuses on promoting, protecting, and preserving the health of populations
- links the health and illness experiences of individuals, families, and communities to population health promotion practice
- recognizes that a community's health is closely linked to the health of its members and is often reflected first in individual and family health experiences
- recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups, and populations
- and practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres, and nursing outposts, and with diverse partners, to meet the health needs of specific populations."[3]

Public Health Nursing Assessment – is a process to:[2]

- identify relevant and appropriate sources of information, including community assets, resources and values in collaboration with individuals, families, groups, communities and stakeholders
- collect, store, retrieve and use accurate and appropriate information on public health issues
- analyze information to determine appropriate implications, uses, gaps and limitations;
- assess impact of specific issues on health such as; political climate and will; values and culture; social and systemic structures; settings; as well as the individual, family, group, and community's readiness and capacity
- assess the health status and functional competence of individuals, families, groups, communities or populations within the context of their environmental and social supports
- determine the meaning of information, considering the ethical, political, scientific, socio-cultural and economic contexts.

Public Health Sciences – "A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences, sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, demography, genetics, nutrition, molecular biology and more."[21]

Reflective Practice – "is a conscious, dynamic process of thinking about, analyzing, and learning from an experience that gives you insights into self and practice. These new insights, in return, help you respond to similar clinical situations with a changed perspective."[43]

Social Determinants of Health – are "the interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways."[36]

Social justice – "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."[44] The Canadian Nurses Association (2010) identifies the principle of social justice as consistent with the values within the Code of Ethics.[45]

Strength-based Approach – Strength-based care is an approach that considers the whole person, focused on what is working and functioning well, what the person does best, and what resources people have available to help them deal more effectively with their life, health, and health care challenges. It is about how nurses can best support what is working in order to help patients, clients, families and communities cope, develop, grow, thrive, and transform.[46]

Surveillance – "Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community."[21]

Targeted Strategy – Applies to "a priority sub-group within the broader, defined population. Eligibility and access to services are determined by selection criteria, such as income, health status, employment status or neighbourhood. [Targeted approaches] are based on a belief that social constructs (for example, classism, sexism, racism and colonization) are barriers to equitable access to the determinants of health, and that interventions directed to disadvantaged members of society are needed to close the health gap."[47]

Therapeutic Relationships – is a "planned, goal-directed and contractual connection between a registered nurse and a client for the purpose of providing care to meet the client's therapeutic needs. Therapeutic relationships occur along a dynamic continuum."[48]

Universal Strategy – According to Pearlman (as cited in NCCDH, 2013), a universal strategy applies to "an entire population. Eligibility and access [to services] are based simply on being part of a defined population, such as all women, all children under age six, or all people living in a particular geographic area, without any further qualifiers such as income, education, class, race, place of origin, or employment status." Mkandawire (as cited in NCCDH, 2013) describes that [services] "are based on the belief that each member of society should have equal access to basic services such as education or health care."[47]

Upstream Approach – "Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential."[36]

Notes

Notes

Notes