

Population Public Health

Winnipeg Regional Health Authority

- In the News
 - PPH Staff Development
 - PHN PPM Implementation and Evaluation Update
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In the News

Craig Ross and Dr. Joss Reimer wrote an op-ed for the Free Press about cannabis legalization. Take a [look!](#)

New Indigenous Institute of Health and Healing – Ongomiizwin

The University of Manitoba’s Faculty of Health Sciences has launched the new institute to advance excellence and provide leadership in research, education and health services in collaboration with First Nations, Métis and Inuit communities.

During the launch on June 2nd 2017 the faculty also released their [Reconciliation Action Plan](#). To learn [more](#).

Congratulations to all those involved, including Dr. Catherine Cook and Dr. Marcia Anderson Decoteau!



PPH Staff Development

On June 13 and 14 all PPH staff participated in our half-day staff development session, ***Shifting our Public Health Lens: Integrating Trauma Informed Concepts.***

Dr. Mariette Chartier shared data from the Manitoba Centre for Health Policy to set the context about trauma informed practice in Manitoba. Alana Maertins, Occupational Therapist from Health Outreach Community Support (HOCS) shared a presentation about trauma informed concepts and principles. And a panel of practitioners shared their personal experiences and knowledge in applying trauma informed concepts to practice.

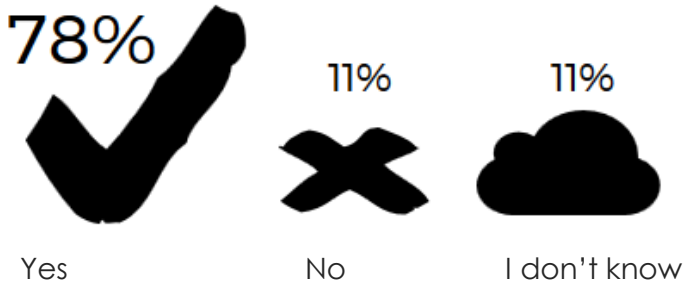


<i>Did we meet our objectives?</i>	Very Little	Somewhat	To a Great Extent
Learn about Manitoba population based data to set the context for trauma informed care	4%	47%	49%
Introduce and apply concepts of trauma informed care to public health practice	3%	51%	46%
Integrate concepts from trauma informed care, anti-racism, harm reduction, and health equity promotion to shift our public health lens	3%	58%	36%

In the staff feedback survey, we heard ...

- ❖ “Lots of new information on Trauma Informed Care. Panel discussion was excellent.”
- ❖ “I have been to sessions on trauma informed care/practice in the past, so I found this session very basic”
- ❖ “Opened my eyes to trauma and the part that it may play in providing services to clients.”
- ❖ “I really liked the panel discussions. Sharing personal stories regarding trauma informed practice really puts the concepts into perspective.”

Did the June session meet your overall expectations?



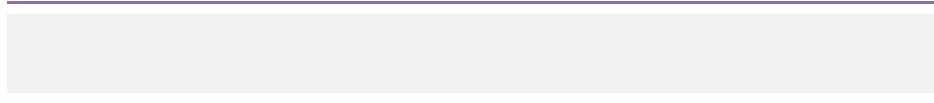
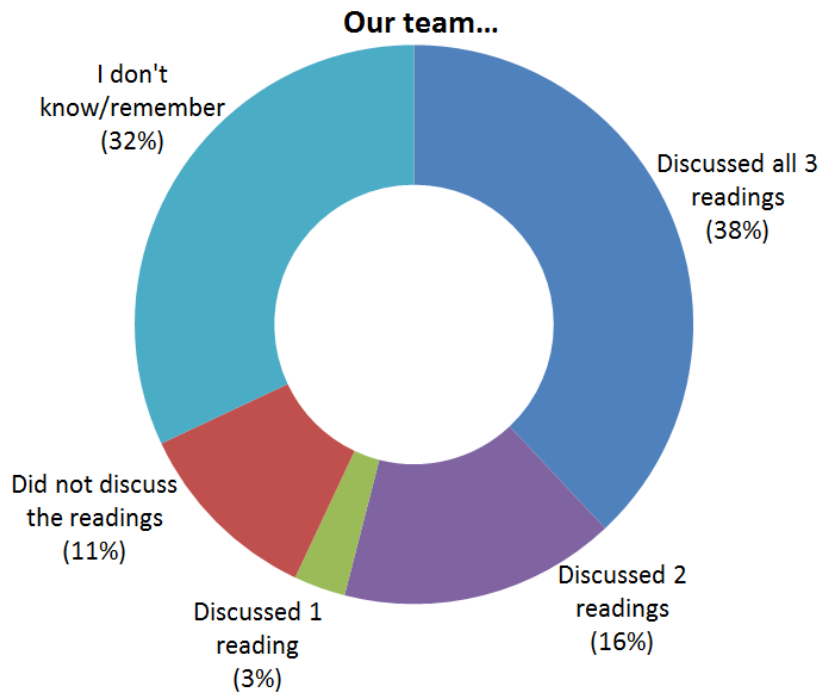
I appreciate the ongoing focus on Indigenous health, racism, and health equity. We need to continue to have these discussions. Staff development is an important component of my learning and skill enhancement and I appreciate the commitment from PPM to continue to support these activities.
 – survey respondent



Feedback on 2016/2017 Staff Development

STANDING TEAM AGENDAS: The intent of the [Standing Team Agendas](#) is for reading and discussion among all PPH practitioners.

2016/2017 readings
 November 2016: [Understanding Neglect in First Nations Families](#) (NCCA, 2013)
 December 2016: [Towards Cultural Safety for Metis: An Introduction for Healthcare Providers](#) (NCCA, 2013)
 March 2017: [WRHA Position Statement on Harm Reduction](#) (WRHA, 2017)



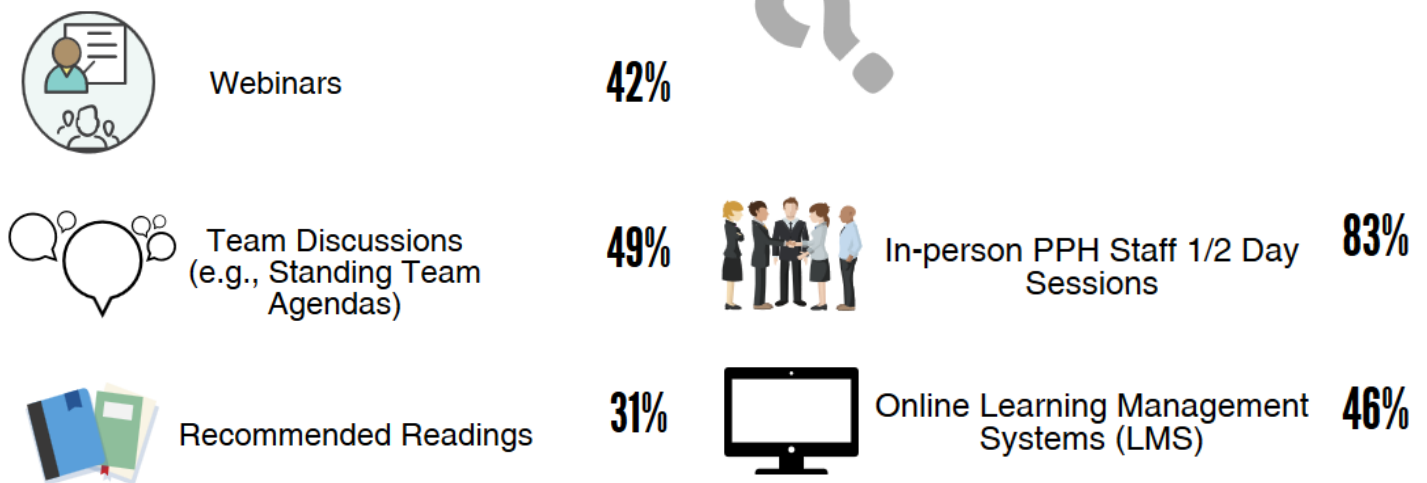
Overall, respondents agreed (58%) or strongly agreed (40%) that the content of the Standing Team Agenda was relevant to their work. And agreed (58%) and strongly agreed (34%) that the discussions were useful in generating ideas and inspiration. Some respondents described not recalling the details of the discussions and not realizing the intention of the readings.

We heard ...

- ❖ “[readings are] hard to fit in when agenda is already jam packed.”
- ❖ “These discussions are so important. Discussion in general helps people to expand their views”
- ❖ “We really value the CNS presence at our team discussions to pull these concepts into our daily work and have that leadership hands on!”
- ❖ “This is probably the most effective sessions/formats for PHN reflection, skill development, role clarification and opportunity for role growth, group cohesiveness and provided a format for upstream thinking as a team.”

FORMAT: The PPH Staff Development Committee has used multiple formats to offer staff education, training and reflection. Survey respondents shared their preferences:

How do you prefer to receive professional development content?
(check all that apply)



FUTURE TOPICS: The PPH Staff Development Committee aims to bring content and topics forward that are relevant to all team members.

The most common recommendations for future topics included continuing with focus on anti-racism for Indigenous Health and responding to the Truth and Reconciliation Calls to Action; cultural safety and working with newcomer populations; mental health topics; healthy public policy; and community development/public engagement. The committee is working with PPH Program and Community Area leadership to determine priorities and activities for the 2017/18 staff development.

APPRECIATION: Thank you to all those who have supported staff development activities this year.

PPH Staff Development Committee 2016/17:

- Alison Campbell, Public Health Nurse
- Cheryl Cusack, Clinical Nurse Specialist
- Kim Bailey, Team Manager
- Sara Klippenstein, Families First Home Visitor
- Martina Gornik-Marion, Public Health Dietitian
- Shelley Marshall, Clinical Nurse Specialist
- Laurie McPherson, Team Manager
- Diane Mee, Public Health Coordinator
- Claire Meiklejohn, Community Facilitator
- Hannah Moffatt, Population Health Equity Initiatives Leader
- Sarah Prowse, Healthy Public Policy Specialist
- Merrilee Sigvaldason, Manager, Facility and Support Services

Materials for PPH Staff Development are posted online:

<http://www.wrha.mb.ca/extranet/publichealth/StaffDevelopment.php>

PHN Reallocation Update

- ❖ We are making steady progress with the reallocation of PHN positions to support health equity.
- ❖ In April, 0.5 FTE was reallocated to Downtown from St. Boniface.
- ❖ In June, 1.0 FTE position was reallocated to Point Douglas from Assiniboine South. An additional position will be reallocated to Point Douglas in the fall, from River Heights.
- ❖ This represents much work on the part of teams and team managers to manage these changes. Thank you to all for your commitment and collaborative approach to this process to help us reach our goals!

PHN Professional Practice Model (PPM) Implementation and Evaluation Update

Much work is ongoing among teams and staff members to support the implementation and evaluation of the PHN Professional Practice Model.

- ❖ A [shared folder](#) is accessible to all PHNs to support PPM implementation. It contains terms of reference, meeting documents, and many other articles and initiatives to support the practice change.

- ❖ The [evaluation of the implementation of the PPM](#) is underway. An evaluation framework was distributed to teams.
- ❖ The Knowledge, Attitudes and Skills Survey was conducted in June. Thank you to all who participated.
 - 87 PHNs started the survey and 68 PHNs completed the entire survey.
 - Respondents included 10 PHNs from centralized teams and 66 from community area teams. Analysis is underway. A summary report will be distributed in the fall.
- ❖ The next evaluation activity will be focus groups.
 - Five focus groups for PHNs will be held September 11th – 15th (8:30 – 10:30 am). As a Public Health Nurse, your input is an essential part of this process. There will also be one focus group for Team Managers.
 - The primary goal of focus groups is to gather input on PPM implementation, facilitators and barriers to practice. This feedback will be used to inform the ongoing implementation of the PPM, support improvements to PPM implementation and support for nursing practice and contribute to the broader field of community and public health nursing literature.
 - The PPM Evaluation Team is very pleased to report that the focus groups will be led and conducted by an external evaluator, and held at Health in Common (200-141 Bannatyne).
 - Health in Common will also be managing the invitations. PPH Program will be providing parameters for participation, notably representation from all community areas, and a range of PHN experience, but will not receive information on who participates.
 - Details to follow later this month, via your team manager.

HPECD Update

- ❖ The CHR software is underwent an upgrade to version 3.5 at midnight on August 1st. There are minimal changes to HPECD; however you will notice a slightly different look and feel. Details have been distributed via Team Managers.
- ❖ PPH has been working with CSIS and eHealth on program monitoring reports from the HPECD database to inform and support practice and ongoing quality improvement efforts. The first report “Performance to Postpartum and Families First Standards” is now complete and was made available to Team Managers in June. Our next priority is to streamline the processes related to our Data Quality Report. Development of other reports is underway. Stay tuned for further updates on this ongoing work.

NOON NII YOW AS SO SOO OU: A community initiative to support empowerment and build capacity

Public Health Nurses working with prenatal, postpartum and early childhood populations in Point Douglas identified barriers for families in accessing breastfeeding support in the community. While drop-in breastfeeding clinics have been set up across the city to provide lactation consultation and group support to breastfeeding families, most women in Point Douglas are not able to attend these groups and/or found them culturally inappropriate.

Accordingly, NOON NII YOW AS SO SOO OU breastfeeding group was established in October 2015 as a grass root community initiative for Indigenous women and families to reclaim breastfeeding and as a means to address the low breastfeeding initiation rates in Point Douglas (14% lower than the rest of the city).

Collaborative Approach

A committee comprising of two PHN's, the Point Douglas Team Manager, MOH- Indigenous Health, WRHA Volunteer Services Coordinator and the Clinical Nurse Specialist (CNS) for Point Douglas met on several occasions to discuss the idea of a group in Point Douglas to support breastfeeding. Charmaine Delaronde, a PHN in Point Douglas has been involved with the group since the beginning, and plays a critical role in its success. Collaboration and partnerships have been developed with Ma Mawi Chi Itata (Ma Ma Wi), the Indian and Metis Friendship Centre (IMFC), Families and Communities Together (FACT) - Point Douglas Parent-Child Coalition and Mount Carmel Clinic.

Listening to the Community

To better understand the needs of the community, the committee held two focus groups with women residing in Point Douglas. The main objective of the focus groups was to determine whether the community identified a need for breastfeeding support, and also to explore how PPH might support their needs. Participants felt that breastfeeding support was needed. Findings also revealed a preference to have peer led support and a safe, convenient space where women/families could learn and share stories about breastfeeding. The women asked that the group be rooted in Indigenous culture, and suggested that Indigenous values, teaching and traditions be incorporated. Following the direction of the community, a peer-led support group with an Indigenous cultural lens was formed, and meets weekly at Ma Mawi. Although Charmaine Delaronde (PHN) provided facilitation for the group initially, leadership has emerged within the group, so that it is now peer led.

The group received its name, NOON NII YOW AS SO SOO OU through a naming ceremony. Although not easily translated into English, the name means: to suckle/nurse at the breast while developing a trusting bond with the baby that includes comfort, protection, love, and good nutrition.

Impact

The NOON NII YOW AS SO SOO OU group aligns with many aspects of the PHN Professional Practice Model, Provincial PHN Standards of Practice in Manitoba, as well as the Community Health Nurses of Canada Standards of Practice. The group promotes access to breastfeeding support while enhancing community participation and supporting the women of Point Douglas be equal partners in their health. The group fosters a sense of connectedness among participants, which is essential in promoting mental well-being.

Ultimately, the success of NOON NII YOW AS SO SOO OU is determined by the Point Douglas community. When the women discuss why they like attending the group, there is a sense of empowerment as the women take responsibility of their family's health as caregivers and teachers of their children.



One participant had shared her struggles with deciding whether to breastfeed her unborn child as the father of the child did not support breastfeeding and was encouraging her not to breastfeed. The group openly shared their own experiences and supported this mother through the process of making this decision. This woman ultimately decided that breastfeeding was the best option for her and her child. When her partner attended the group with her, he shared that he had changed his mind about breastfeeding and stated "I think it's a good thing that our babies be breastfed."