



Practice Guideline for Public Health Nurses working with the Healthy Children and Youth Population

EVIDENCE INFORMED PRACTICE TOOLS

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PURPOSE AND INTENT

This practice guideline is intended to support WRHA Public Health Nurses in their work of protecting, promoting and preserving the health of the population and of promoting health equity among children and youth (age 6-18) in the Winnipeg Health Region.

1. Practice Outcomes

Public Health Nurses (PHNs) work with a population level focus, through collaborations and partnerships, to address public health issues.

PHNs work at the community, group, family, and/or individual level as appropriate.

PHNs identify and engage with various community stakeholders in partnerships (based on assessment findings) to address the health needs of the Winnipeg children and youth population. Child and youth engagement is prioritized.

PHNs utilize evidence-informed interventions such as Healthy Child Manitoba's Middle Childhood and Adolescent Development programming and promote integration of Manitoba Healthy Schools resources into school based activities.[1]

PHNs' responsibilities include 0.15 eft of each PHN position (or on average $\frac{3}{4}$ day of time per week per fulltime PHN) to work at the community level in community development activities, which may include focus on the children and youth population.

PHNs and community areas evaluate interventions and outcomes on a regular basis. Findings are shared within community areas and throughout the region.

Interactions with schools are based on community assessments and schools will receive services relevant to the specific school population, with priority given to disadvantaged communities as identified by the WRHA Community Health Assessment, Youth Health Survey reports, and the Population and Public Health Neighbourhood Explorer Toolset.

2. Background

Child and youth engagement is prioritized, as this has been shown to improve population health outcomes.[2,3] PHNs recognize that schools are an important access point to HC&Y in the community. Education influences children and youth as they establish life-long patterns that impact their health.[4-6] Historically, PHNs in the WRHA have had strong associations with the schools in their community area.

PHNs prioritize efforts based on the Nursing Process, as well as the guiding principles identified in the Professional Practice Model (PPM): accessibility, cultural proficiency, determinants of health, engagement, harm reduction, health equity, practice excellence, and quality. The PPM identifies ten Strategic Approaches. The first approach, Public Health Clinical Practice, summarizes the broad work done by Public Health Nurses with individuals, groups and populations. This first approach, assist in and directs, the application of the remaining nine strategies in Public Health Nurses' work with the children and youth population. The ten Population and Public Health Strategic Approaches, along with the descriptions of Public Health Nursing practice and potential Public Health Nurses' roles and responsibilities are located in the Components section of this practice guideline.

The WRHA Community Development Framework was updated in 2014, and is the foundation for meaningful commitment by all WRHA staff to community development and public participation.¹ [6]Public Health Nurses' community development practice with child and youth populations is grounded within this conceptual framework.

Public Health Nurses' work in the development of partnerships is supported by the Population and Public Health 2015 practice guideline "Clarifying and Learning from Partnerships".[7] All community area Public Health Nurses are expected to enhance and broaden partnerships, as well as develop new partnerships, with the implementation of safeguarded time for community development, which may include work to enhance the health of children and youth in Winnipeg.

3. Guidelines

PUBLIC HEALTH CLINICAL PRACTICE

- Public Health Nurses use the strategic approaches of: Outreach, Healthy Public Policy, Healthy Built and Social Environment, Health Communication, Health Assessment, Community Development, Collaboration and Partnership, Applied Public Health Research, and Surveillance for the goal of health promotion, disease and injury prevention, health protection, health assessment, as well as emergency response and preparedness, at all client levels for the child and youth population.
- PHNs use a case management approach to promote equitable access to services and resources for the child and youth population.
- PHNs build upon client strengths and are responsive to client needs to promote the health of the child and youth population.

Example:

A PHN using a case management approach of optimizing individuals' self-care capabilities and system capacities, coordinates with other PPH staff and high-school staff to promote enhanced parenting and nutrition knowledge and skills of pregnant and parenting teens at the high school.

OUTREACH

- PHNs use media and communications strategies to connect with children and youth, which may include written and online media. Outreach may not always be in-person.
- PHNs outreach to involve children and youth in planning interventions such as collecting assessment information, and developing partnerships. Outreach goes beyond identifying opportunities for service delivery.
- PHNs endeavor to support the health of the Winnipeg children and youth population, which may entail provision of PHN services to their families and communities.

Examples of outreach locations:

- Schools, alternative schools, child care centres, and after-school programs
- Institutions (MB Housing, group homes, MYC/probation, CFS)
- Community agencies (drop-in centres; specialized agencies for LGBT youth, Indigenous youth, and newcomer youth)
- Recreation spaces (rec centres, gyms, skate parks) and big events (Red River Ex, Canada Day, Aboriginal Day)
- Business (malls, convenience stores, 7-11)
- Virtual locations (including online pages for any of the above)

Practice example:

A PHN in the TB team and a PHN in a community work together with a religious community group to identify options about how and when to convey messages about TB as a disease, its screening and treatment for their community, when one of the members of its youth group contracts TB.

HEALTHY PUBLIC POLICY

- PHNs participate in policy discussions within the Population and Public Health program. They join community and WRHA working groups related to Key Strategic Priorities, such as Health Equity Promotion.
- PHNs advocate for social, health, environmental, education, or income policies to promote health and equity. These policies often reside in systems outside of the health care system, but impact on the health of children and youth.

Examples:

- The PHN advocates to planners and decision-makers based on the documented findings of their assessment on local recreation gaps.
- The PHN supports community groups to develop a presentation for a consultation on active transportation.
- The PHN promotes the use of bike helmets for children and youth at a community gathering.

HEALTHY BUILT AND SOCIAL ENVIRONMENT

- PHNs identify how the built and social environments in their community impact on the health of children and youth, including the ways that groups are impacted differently.
- PHNs advocate with community partners and government for accessible healthy: housing, transportation infrastructure, food, water, schools, recreation facilities; and environmental safety.

Examples:

- The PHN collaborates with a community recreation facility to plan a safe and accessible outdoor play area.
- The PHN advocates for a Teen Clinic site that is accessible and welcoming for youth who are street involved, isolated or unlikely to attend a primary care clinic.
- The PHN collaborates with community schools and the community facilitator to plan an after-school program for newcomer youth.

- The PHN advocates with Winnipeg Harvest for the development of a new depot in their community near low-income housing populated by families with children.
- The PHN works with the community network to identify and address unsafe transportation routes for children attending area schools.

HEALTH COMMUNICATION

- PHNs assess the communication needs and preferences of children and youth, including issues of timeliness and client readiness.
- PHNs employ a variety of communication strategies and media to engage diversity within the population, such as school newsletters, social media, and posters to facilitate exchange of information and ideas.

Examples:

- The PHN supports students to develop and maintain resources related to mentorships and supportive networks.
- The PHN promotes public health services through a website featuring health information and community resources.
- The PHN participates in promoting and fanning out social marketing campaigns (e.g., condom-promotion, bike safety, [*This Way to a Healthy Baby*](#)), and collects feedback for evaluation and improvement.

HEALTH ASSESSMENT

- PHNs base their practice on an analysis of the health statuses of children and youth populations, and the broader social determinants that impact them. This begins as a Health Assessment.
- PHNs may obtain assessment information through surveillance data, communication from communities, engagement through outreach, and other sources.
- PHNs prioritize an equity focus within all components of a health assessment.
- Each team meets at least annually to discuss and plan strategies and interventions for HC&Y in their Community Area (CA) based on assessment findings. This planning should involve all appropriate stakeholders.

Examples:

- The PHN works with schools with low immunization consent return rates to identify possible explanations.

- PHNs from the TB, HSHR and several community areas identify strengths and gaps for neighbouring communities with regards to recreational opportunities for children and youth.
- The PHN engages with youth and staff at a neighbourhood drop-in centre to learn about the health priorities of the participants, and facilitates the development of a mental health promotion strategy.

COMMUNITY DEVELOPMENT

- PHNs use an asset-based community development approach (WRHA Community Development Framework) to promote capacity within the community to identify its own priorities and to meet its own needs.
- PHNs community development work may occur at the level of a neighborhood, school, cultural group, or other population or group.
- PHNs include a healthy children and youth focus in the Population Health Improvement Plans 2014-2016.

Examples:

- The PHN works with a nutritionist, community centre, and community members to implement a Community Kitchen where families cook and take home healthy meals made from items available at the local food bank.
- The PHN meets with a recreation centre to help them find resources and partnerships to expand their programs, utilizing the Youth Engagement Toolkit to invite community participants into the process (www.jcsh-ecesh.ca).
- The PHN lends guidance and expertise to a school and community members who are developing a peer-led parenting group in an inner-city neighborhood.
- Community area PHNs and PHNs from HSHR collaborate with school partners to implement actions based on findings of the Youth Health Survey: e.g., meeting with staff, presenting to parent councils, and attending school division meetings.

COLLABORATION AND PARTNERSHIP

- PHNs join and/or develop partnerships and collaborative initiatives to achieve common health goals with community members and agencies, related to children and youth.
- PHNs may utilize collaborations and partnerships to achieve goals identified through other Strategic Approaches.

Examples:

- After a school identified a need for a Teen Clinic, the PHN connects with other PPH staff (Clinical Nurse Specialist and Program Specialist) to brainstorm ways of engaging with primary care partners. After pitching the idea to a clinic and securing support, the PHN then works with the school to implement the Teen Clinic in the school setting.
- The PHN identifies a trend of increasing chewing tobacco use among youth hockey teams in the community. The PHN unites the school division, sports teams, and other partners to increase awareness of the health risks of chewing tobacco and to motivate them to influence policies to limit youth access.
- The PHN sits on a community committee and builds relationships with partner agencies who address the needs of children and youth in the community.
- Healthy Sexuality and Harm Reduction PHNs and community area PHNs collaborate to run immunization clinics with the Manitoba Youth Centre staff.

APPLIED PUBLIC HEALTH RESEARCH

- PHNs, in collaboration with the CNS and other professionals, identify evidence relevant to the children and youth of their community. PHNs apply this research, and use it to inform their interventions alongside other sources of data.
- PHNs participate in and initiate research focused on children and youth, in collaboration with the CNS and other professionals, where knowledge gaps exist. This will often involve Collaboration and Partnerships with academics and other partners.

Examples:

- The PHN, when working with out-of-school youth, accesses the *National Alliance for Children and Youth [Action Framework](#)* as a research document to support practice.
- The PHN participates with the *Manitoba Centre for Health Policy* on a research project to assess an intervention to increase access to education for teen parents.
- The PHN applies the *Pan-Canadian Joint Consortium for School Health [Comprehensive School Health Framework](#)* to their work with a particular school and the evidence from the Youth Health Survey to guide an initiative with their student council.

SURVEILLANCE

- PHNs access public health surveillance systems for community assessment and planning purposes.
- PHNs contribute to the ongoing monitoring of community based trends, and then interpret these data to guide their practice with the children and youth.

Examples:

- Information Systems: Panorama, Integrated Public Health Information System, HPECD database, Community Health Assessment, MB Centre for Health Policy reports, Winnipeg and school specific Youth Health Survey findings, PPH data visualization and mapping products (e.g., STI rates, teen pregnancies, teen smoking, children in poverty, use of foodbanks, immunization rates, accidental injuries, suicides, truancy, transiency, violence and crime rates, drug use, school graduation rates, Early Development Instrument scores).
- The PHN hears repeated concerns from school staff regarding newcomer youth not seeking health care due to being unable to navigate MB's healthcare system. S/he works with community leaders to provide ongoing education regarding the Manitoba health system to newcomer youth and groups in community area.

4. Components (excerpt from Public Health Nurse Professional Practice Model) [9]

WRHA PHN Delivery Structures and Processes:

PHN Practice Definitions and Potential Interventions

PPH Key Strategic Approach	PHN Practice Definition	Potential PHN Interventions/ Roles
Public Health Clinical Practice	PHN clinical practice is broad. It includes health promotion, disease and injury prevention, health protection, health assessment, as well as emergency response and preparedness. Practice is responsive to client needs and utilizes a case management approach to coordinate care and promote equitable access to services and resources for long-term clients with identified risk factors for poor health outcomes.	Health threat response; Case management; Promoting health; Team building and collaboration; Resource management, planning, coordination
Outreach	PHNs use strategies such as outreach, targeted home visiting, and case finding, to promote equity and facilitate access to resources and health services for vulnerable populations. PHN outreach strategies are relationship based and built on trust.	Outreach, Targeted home visiting; Case finding; Increasing access
Healthy Public Policy	PHNs identify opportunities for policy and program development, participating in the development of policies with measurable outcomes based on clear philosophies, objectives, and standards. PHNs influence policy at multiple levels, including schools, daycares, community, and across sectors that affect health determinants.	Policy and program development and implementation; Advocacy; Leadership
Healthy Built and Social Environment	PHNs incorporate the built and social environment into program planning activities. The built environment refers to physical structures developed by humans. It consists of buildings; roads and transportation systems; as well as access to healthy housing, food, water, physical spaces, schools, and recreation facilities.	Collaborating; Advocacy; Building coalitions and networks
Health Communication	PHNs use the most appropriate media, current technology, and communication strategies to support their practice and to mobilize individuals, families, groups, and populations.	Counselling; Health education; Referrals; Facilitating change

WRHA PHN Delivery Structures and Processes:

PHN Practice Definitions and Potential Interventions

PPH Key Strategic Approach	PHN Practice Definition	Potential PHN Interventions/ Roles
Health Assessment	PHN practice priorities are based on analysis of health status within populations. Health assessment incorporates the nursing process components of assessment, planning, intervention, and evaluation.	Advocacy; Communicable disease prevention; Referral and follow-up
Community Development	PHNs utilize knowledge, assessment, and a strength based approach to empower and build capacity of the community to meet its needs.	Capacity building; Empowering; Partnering; Building coalitions and networks
Collaboration and Partnership	PHNs share resources, responsibility, and influence while recognizing the strengths of others and working towards common goals that promote health. Collaboration and partnership is based on effective PHN communication and consultation with clients, team members, and other agencies and organizations.	Consultation; Advocacy; Service /care coordination; Leadership; Facilitation
Applied Public Health Research	PHNs appraise and apply research evidence from public health and nursing sciences. PHN practice is current, accountable and evidence informed.	Applying public health and nursing theory; Appraising; Synthesizing; Research and evaluation
Surveillance	PHNs collect and interpret surveillance data, as well as apply surveillance information to guide their practice. PHNs monitor community based trends and health assessment data to understand the population they work with and to plan PHN interventions.	Monitoring; Immunizing; Screening; Referral and follow-up; Leadership; Resource management, planning, coordination

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