

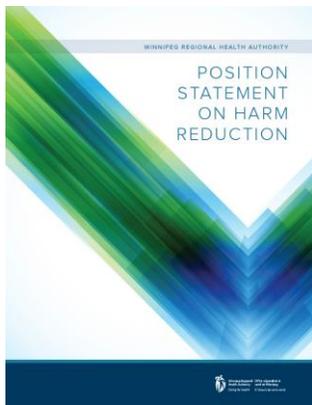
# Population Public Health

Winnipeg Regional Health Authority

## Highlights...

- Harm Reduction & Health Equity
- PPH Staff Development
- PHN Practice Change

Our Population Public Health team has been very busy...



## NEW! WRHA Harm Reduction Position Statement

The Healthy Sexuality and Harm Reduction team provided leadership to support the revision of the [WRHA's Position Statement on Harm Reduction](#) (available online). The position statement is the topic of Population and Public Health Staff Development Standing Team Agenda discussions in March.

In recognition of World AIDS Day in December, Dr. Plourde co-authored an op-ed in the Winnipeg Free Press with Mike Payne, Executive Director of Nine Circles. [Find it here](#) (Winnipeg Free Press subscription required).

## Health Equity Promotion Update

Our PPH program provides leadership to the Winnipeg Health Region's efforts to promote health equity. The [2016 Year in Review](#) shares highlights from the past year, including:

- "Innovative approaches to health equity" described by Accreditation Canada as an organizational strength
- *Health Equity: What is it anyway?* workshop developed, piloted, and shared with 89 participants
- Over 1,000 WRHA staff completed [an online survey](#) about health equity promotion



## Upcoming Event

½ day Staff Development  
June 13 & 14,  
8:30 - 12 noon

## Did you see the article?

PPH's Healthy Baby program was featured in [Wave, January / February 2017](#).



## PPH Staff Development

### Upcoming events

	Topic for webinar and/or team discussion
February	No standing agenda item this month
March	Standing Team Agenda: <a href="#">WRHA Harm Reduction Position Statement</a>
April 20 <sup>th</sup> or 25 <sup>th</sup> 9 to 10:30am	<b>Postponed</b> - Webinar: Healthy Public Policy No webinar this month
May	No standing agenda item this month
June 13 & 14, 8:30 - 12 noon	½ day in-person: <b>Trauma Informed Practice</b>

Materials for PPH Staff Development are posted online:

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

The **Closing the Gaps in Indigenous Health** staff development webinar-event in October 2016 involved watching two videos - [an interview of Cindy Blackstock](#) and [7 Ways to Make a Difference](#). Group discussion built on lessons from the June session on anti-racism and applying themes from the videos to practice. The groups then reviewed the [Social Identities Wheel](#) to consider how power and privilege influences working with individuals and communities to improve health outcomes.

We heard ...

- ❖ “Lots of great stories and discussion stemmed from the videos”
- ❖ [this] really made the point regarding systemic racism”
- ❖ “It is often very frustrating to experience the barriers to service that are faced by many of our Indigenous clients.”
- ❖ “we are all [at] different places of learning and awareness”

<b>Did we meet our objectives?</b>	Strongly Agree or Agree	Neutral	Disagree or Strongly Disagree
Build momentum from the June 2016 Staff Session	84%	12%	4%
Increase understanding of the context of Indigenous health gaps	84%	10%	6%
Promote an understanding of culturally safe practice	68%	28%	4%

In the January 2017 webinar-event, **Putting Community in the Driver's Seat**, facilitators reviewed the [WRHA Community Development Framework](#) with links to ongoing efforts within teams. There was a short video describing capacity building and a team exercise about using [Asset Based Community Development](#) in public health practice. The topic of power and privilege was revisited. Teams were asked to apply the concepts to a community development approach and consider how it allows us to address oppression by empowering individuals and communities.

We heard ...

- ❖ “It was good to learn from others in the room as well who had experiences with community development and checking their own biases”
- ❖ “I think it would be nice to know more about the community facilitators and the work they do in community development.” [[Find a Community Facilitator in your Community Area.](#)]
- ❖ “Make it less theoretical, provide concrete examples of how the theory can be implemented when working with communities”

Many respondents felt the topic was relevant and appreciated the time together in teams and community areas. Community development is an organic process that does not follow a linear progression. For those interested in more information, the Ontario Healthy Communities Coalition describes [10 Steps to Community Development](#), with links to additional tools and resources.

<b>Did we meet our objectives?</b>	Strongly Agree or Agree	Neutral or Disagree*
Revisit the <a href="#">WRHA Community Development Framework</a> and apply it to your roles	76%	24%
Develop a better understanding of Asset Based Community Development, including Capacity Building, and how you can support community in reaching their own goals	74%	25%
To have greater awareness of the role of power and privilege in community work	76%	24%
Find strength from knowing that Community Development isn't about having all the answers!	81%	19%

\* no respondents selected “strongly disagree”

### PPH Staff in the News...

- [Zeroing in on a comprehensive approach to road safety](#) (Winnipeg Free Press subscription required)
- [Food council could soon take root in Winnipeg](#) (Metro News)
- [Partners in Inner-City Integrated Prenatal Care: “Text Babies” video award](#)

## Reflections from PPH Program Director

Throughout the last 29 years of working in Winnipeg Public Health there have been numerous periods of change and challenge... Resource decreases in health care in the late 80's; combining with the provincial public health team in the early 1990's along with regionalization of health care across the province; breastfeeding as a crosscutting health care focus in the mid 90's; adopting the matrix model of management shortly after; understanding and valuing the important contribution of collaborating with other sectors, such as Healthy Child Manitoba Office, and the evidence of population health outcomes achieved through this in the early 2000's; the more recent re-articulation of our focus on equity and the timely release of the Truth and Reconciliation Calls to Action to guide us.

The more things change the more they stay the same. What we learn is that change is not only a necessary part of health care, it is essential to achieve the goals we strive towards. What we knew 5-10 years ago is different than our current knowledge and will be different again 10 years from now, though many principles are maintained. Through all of these paths we've followed, what stands out for me is the resilience and dedication of our Population Public Health team to perform and meet the demands of our continuously changing environment. We have strengthened our role while consistently caring for and meeting the needs of the communities we serve. Introduction of the PHN practice model and the interest across our program on how this can help to influence population health is the latest challenge and opportunity. We know that fiscal realities will be a considerable influence going forward. I am confident that we will continue to work as a team, applying the evidence and knowledge within the current reality, to achieve the best possible results, while continuing to positively influence the health of our population and reduce health inequities. As we share with you a couple of real stories of how we are progressing I want to thank you all for your hard work now, and going forward. You can and should be proud of the work you all do. – Carolyn Perchuk, Program Director of Population Public Health

## PHN PPM Implementation Update

The PPM Advisory Group (formerly Change Management Committee) has continued to meet monthly. Highlights include:

- ❖ The group changed its name to more positively reflect ongoing group work and activities that support the PHN Professional Practice Model (PPM).
- ❖ Development of [shared folder](#) accessible by all PHNs. The shared folder contains terms of reference, meeting documents, and many other articles and initiatives to support the practice change.
- ❖ The Advisory Group, with support from two additional PHNs, has developed weekend practice guidelines. The guidelines describe changes as of April 2017, when 6 PHNs will be working. This will return 220 shifts to the community area during the week. It will also change PHN work on the weekends, and not all families will be seen or contacted. A memo will be distributed shortly.

## Stories from the Field ...

### Creating Pods to Implement the Professional Practice Model

The move to create Public Health Neighborhood Nursing PODS in River East was a collaborative team effort. The “pods” approach involves PHNs working in small geographic areas to support community relationship building in efforts to promote health equity. The concept was a little challenging for the team, since it meant changing their operating and distribution system, which was based on sharing referrals and responsibilities equally among its members. For some PHNs, dividing the team into smaller “pods” was also reminiscent of a time when River East was divided into three teams, and worked under 3 managers.

The first proposal made by the team in June 2015, was to divide into 2 pods – East and West. After ongoing discussion with the Team Manager, and following a meeting with the Program Director and CNS, the team decided to move into 4 pods—West, East, Elmwood West and Elmwood East.

The team used the River East PHN Allocation Map to determine how many EFTs were assigned per pod. Following some debate regarding placement of Families First lead roles (4) and part-time nurses (6) into pods, all 17 nurses were satisfied with their new pod assignment. Many nurses chose to work in a pod where most of their work already occurred, i.e. they were already connected to a community group or school. Never-the-less, many schools and some groups had to re-assigned to align with the nurses working in those neighborhoods/pods. Moving into pods required support from the administrative staff. Including them in the changes, made the transition easier for the team. At the beginning of December 2016, the PHNs moved into their “pods” and referrals are being distributed accordingly.

Although the movement into pods sometimes seemed like a lengthy and painful process—in the end, it has highlighted the strengths of the team. These included open mindedness, the willingness to listen to each other, recognizing the need for change, and utilizing new tools such as the survey monkey and the Neighborhood Explorer Tool (NETs) to support the process.

Currently, the River East PHN team is working on the logistics of their new way of doing business. This includes developing new spreadsheets to track postpartum and prenatal referrals, communicable disease investigations, and community work. The move into “pods” provides the River East team with the opportunity to approach their practice in a new way. They are looking for opportunities to become more engaged with their community and to focus their efforts into supporting health equity. An evaluation is planned to review what's working well, and what could be improved.

### Developing Relationships Takes Time

*\*Build relationships with health practitioners, inter-governmental agencies, community and business sectors and other key stakeholder...*

The WRHA public health office in Inkster has operated out of the NorWest Health Co-op since 1999. With the support and leadership of Nancy Heinrichs, Team Manager for Public Health and

Executive Director of NorWest Community Co-op, the vision of the center is to engage the community in co-operative health and wellness. The Inkster community is home to two large Manitoba housing complexes Gilbert Park (the largest in Manitoba) and Blake Gardens. The housing complexes are home to many young adults of various backgrounds. Colleagues from MB government, NorWest Health Co-Op, and WRHA Community Mental Health and Public Health physically sit in close proximity and work together collaboratively.

**Therapeutic Relationships:** *Build therapeutic relationships with clients over time, from the first contact and ongoing...*

Tara Dyck is a Public Health Nurse who began working in the Gilbert Park area in 2008. Therapeutic relationships were developed through involvement in specific programs and service delivery - postpartum and prenatal contacts, attending the Healthy Baby program, delivering school vaccinations, and hosting youth health groups with the Boys and Girls Club and Gilbert Park Going Places. Through this involvement she developed close, trusting relationships with community members connecting and supporting with them at various aspects of their lifespan.

**Professional Relationships:** *Share information and collaborate with colleagues and partners regarding available resources to increase cost effectiveness and avoid duplication...*

Knowing that Tara is involved so closely with the community partners at Norwest, Corey Mohr Access NorWest Community Facilitator, invited her to be part of Gilbert Park Service Advisory. This group brings together community service partners for quarterly meetings to network, share information about programming, housing, community health concerns and identifies strategies for the future. Directly connected to this group is the Gilbert Park Resident Advisory which uses asset based community development approaches to initiate discussion with community members about things they want to collaboratively work on.

As these professional relationships evolved Tara spent one day a week connecting and supporting community members at the Gilbert Park Resource Center. The trust established through her long term involvement in the community has resulted in honest discussions and inclusion of the community as a valued asset in many initiatives.

**For example ...** At a recent Gilbert Park Resident Advisory meeting concerns were raised by residents about safety in the area. At the end of the meeting, community members were invited to stay if they wanted to work together. The smaller group of residents and service providers worked collaboratively to host a community safety forum. Community members took the lead to determine who they wanted to invite and service providers, like Tara, supported the confirmation of guest speakers and community inclusion. The event was emceed by a local youth advocate, community stakeholders served food, and residents mingled. Guest speakers, including Manitoba Public Insurance, Block Parent, Safer Communities, community police officers, and the Bear Clan each spoke for five minutes about their services and then addressed community questions using a panel format. Evaluations were reviewed and the residents chose to explore having a walking safety patrol in the area. The Bear Clan has offered to support, not lead, this community based initiative.