

# Population & Public Health

Winnipeg Regional Health Authority

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This newsletter is intended to provide an update on Population & Public Health activities.

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## Healthy Built Environment Webinar

Healthy Built and Social Environments is a key strategic priority of Population and Public Health (PPH), as identified on the 2012-2017 Conceptual Framework.

As part of PPH Staff Development we held our first webinar presentation and discussion on September 17 and 22<sup>nd</sup>. Over 200 PPH staff participated in the event. Thank you for joining the conversation!

The presentation shared evidence about the built environment and health, including concepts and terminology. We explored why this area is a priority for public health and roles for Public Health practitioners. Group discussions followed to apply concepts to local contexts and public health roles.

Teams can continue these conversations in their communities, working together to identify local built environment issues and solutions and opportunities for collaboration. Feedback from the survey indicated that staff agree supporting healthy built environments is an important component of public health practice. People want to continue discussions about how to be engaged in and contribute to this work.



## Upcoming Events

### Indigenous Health Promotion Webinar

**December 10<sup>th</sup> or 15<sup>th</sup> 2015**  
**9am – 10:30am**

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## Did you see?

Population & Public Health's Families First program was featured in the September / October Wave magazine.

Read the article here:

[www.wrha.mb.ca/wave/2015/09/families-first.php](http://www.wrha.mb.ca/wave/2015/09/families-first.php)



**How did it go?** Following the built environment presentation, an online survey was distributed. 90 staff responded to the survey. Unfortunately there was a glitch in question 3 – so it is challenging to quantitatively determine if you feel we met our objectives. We will improve the survey next time. In the written responses we heard feedback about:



**Logistics.** A couple sites had trouble hearing the presenters and some found the presentation difficult to follow without the presenter in the room. There were suggestions for a video presentation option or pre-recorded sessions. The low technology simultaneous option was purposively chosen so all sites had the equipment to participate and to provide an opportunity for group discussions. We heard that the multiple locations made the event accessible. We are working to improve the logistics for the next event by ensuring each location calls in 15 minutes prior to the beginning of the presentation; ensuring large rooms are booked; and having the microphones in close proximity to the presenters.

**Discussion.** Many respondents described positive and interactive conversations that helped root abstract ideas into reality. Some respondents felt energized by the discussion and others felt that while interesting issues were raised, the solutions or changes to practice are not enacted. The purpose of these discussions are to learn and share.

**From Here** - Everyone is encouraged to bring ideas and actions to the Practice Councils and to their team meetings. The Healthy Built Environments Working Group is currently finalizing a strategic plan. Together we can all affect change to promote health equity and improve population health. The Staff Development Committee is using this feedback to support future sessions and activities.

Materials from the presentation – including the audio recording and PowerPoint slides - are available on the PPH extranet site "Staff Development Sessions":

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

## Thinking about the built environment? November is Radon Action Month

Radon is a radioactive gas found everywhere in the environment. It can enter a home or building any place it finds an opening where the house contacts the soil. Exposure to high levels of radon in indoor air results in an increased risk of developing lung cancer. MB is known to have higher than average radon levels, but the concentration of radon can vary from home to home even in those found in the same neighbourhood. The only way to know if your home or building has an elevated level of radon is to test. For more information visit: <http://www.wrha.mb.ca/healthinfo/a-z/radon.php>

## PPH Staff Development Update

The PPH Staff Development committee has developed a 2015–2016 plan and made it available on the extranet:

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

### Have a question about staff development?

#### Ask a committee member:

Alison Campbell – Public Health Nurse

Cheryl Cusack – Clinical Nurse Specialist

Claire Meiklejohn – Community Facilitator

Diane Mee – Public Health Coordinator

Donna Jacobs – Community Team Manager

Hannah Moffatt – Promoting Health Equity Initiatives Leader

Martina Gornik-Marion – Public Health Dietitian

Merrilee Sigvaldason – Manager Facility and Support Services

Sara Klippenstein – Families First Home Visitor

Deanna Betteridge – Manager, Physical Activity Promotion

### 2015-16 Agenda

	Topic for webinar and/or team discussion
November	Standing Team Agenda: <a href="#">Let's Talk...Public Health Roles for Improving Health Equity</a>
December	Webinar: Indigenous Health Promotion on December 10 or 15 <sup>th</sup> from 9 -10:30am
January	Standing Team Agenda: <a href="#">Let's talk...Populations and the power of language</a>
March	Standing Team Agenda: <a href="#">Let's talk... Moving Upstream</a>
April	Webinar: Community Development <a href="#">WRHA Community Development Framework</a> on April 14 or 19 from 9-10:30am
May	Standing Team Agenda: <a href="#">Let's talk... Universal and Targeted Approaches to Health Equity</a>
June	In-person Staff Development Days: June 21 or 23, 2016 8:30-12 at Centre Culturel Franco-Manitobain (FMCC), 340 Provencher Boul
July	Standing Team Agenda: <a href="#">Let's Talk: Advocacy and health equity</a>



## Director Update

The major focus of the last months has been on Community Area Public Health Nursing practice renewal. The program continues to move forward with activities taking place at many levels. These include staff development discussions in anticipation of the changes to practice, Nursing Practice Council work to support the change, ongoing development of the PHN allocation formula, completion of the Provincial PHN Prenatal Postpartum and Early Childhood Standards, the beginning of consultation with various regional partners of public health, team discussions and much more.

River East PHNs are working with me on a green belt project focused on reducing service time for families who are negative on the Families First screen. The objective is to redirect service to families experiencing more challenges.

After sharing the result of the PHN time study there was significant discussion, and many questions, comments and suggestions were generated.

Despite all the activity, much still needs to be done to achieve our collective goal of improving health equity through PHN practice renewal.

Thank you for participating in the conversation and for your contributions of thought and solutions.

Thanks for your support and contribution during my interim role as Director.

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**Figure 1: Let's Talk: Public Health Roles for Improving Health Equity – from the November Standing Team Agenda discussions**

### Winnipeg Regional Health Authority News!

The Winnipeg Regional Health Authority has released the 2016-2021 strategic plan. The WRHA's commitment to **equity** is key part of the new plan. A summary of the plan is available here: <http://www.wrha.mb.ca/about/files/WRHA-Strategic-Plan-2016-2021-report.pdf>

The region has hired a new President & CEO, Mr. Milton Sussman. To learn more read "15 Questions for Milton Sussman" available here: <http://home.wrha.mb.ca/files/MessageFromMilton-151022.pdf>

**Carolyn Perchuk** will be our new Program Director for Population and Public Health. She moves into this role from her position as a Clinical Nurse Specialist with a wealth of public health experience. Carolyn begins her new role on December 7, 2015. Congratulations Carolyn!

## Nursing Practice Council Update

Nursing Practice Council working groups are continuing their work on redefining and renewing our practice based on the Public Health Nurse Professional Practice Model (PPM) and the WRHA health equity promotion strategy. The focus of the working groups is on “Delivery Structure and Process” – one of the 5 components of the PPM. PHN practice is delivered based on structures and processes consistent with the Key Strategic Approaches outlined in the WHRA Population and Public Health Conceptual Framework.

Currently there are working groups developing practice guidelines in 3 service areas:

**Healthy Parenting and Early Childhood Development (HPECD)** - Developing practice change based on the new provincial public health nursing standards. Discussions are focusing on implementation and what contact with families will look like.

**Healthy Children and Youth (HC&Y)** - Developing a practice guideline for working with this population which will include school health.

**Immunization** - Creating recommendations to help direct PHN practice and suggestions for program changes. Recommendations are in support of applying a universal targeted approach that will help increase immunization rates for vaccine preventable communicable diseases for preschool, school aged, as well as youth and adult populations that are negatively impacted by the social determinants of health.

Public health nursing feedback is invaluable in moving forward with these practice changes. There will continue to be many opportunities to contribute to the discussions through Nursing Practice Council to inform our future practice.

Lenore Finnon and Leanne O'Keefe

Nursing Practice Council Co-Chairs

### Education & Outcomes: Youth-led Advocating for Brighter First Nations' Futures

Winnipeg Regional Health Authority - Aboriginal Health Programs presented Aboriginal Grand Rounds about an initiative focused on the need for fair funding for students in First Nations communities on November 16<sup>th</sup>. Local youth who are part of the Wii Chiiwaakanak Indigenous Math Leadership Program presented about their experience. For more information visit the End the Gap initiative website:

<http://www.endthegap.org/new-page/>

## The PHN Professional Practice Model (PPM) in Action....

**Consider the following exemplar. What PHN interventions and key strategic approaches were used?**  
(PPH Booklet – pages 8 & 9 <http://www.wrha.mb.ca/extranet/publichealth/files/PHNPPMPSversion2014Sept5FINAL.pdf>).

Niji Mahkwa (My friend the bear) School is in the heart of Winnipeg's North End. In December 2013, a PHN (Jennifer Whitford) initiated a relationship with the Niji Mahkwa principal through discussions about the youth health survey and community wellbeing. Working with the community facilitator (Vince Sansregret), nutritionist (Susan Wehrle) and others from the public health and primary care teams in Point Douglas two community events were implemented in partnership with the school: Meet the Teacher Days and the Little Bear Booster Shot and Feast.

### **Meet the Teacher Days**

Total enrollment in the 2014 nursery/kindergarten class was 48 children 4-5 years of age. In reviewing immunization records, the PHN noted that 13% of the class had completed their immunizations. The PHN shared her knowledge regarding low immunization rates and worked with school staff to organize consents, update class lists and call parents. There were 23 parents who attended the Meet the teacher appointments and all agreed to speak with the PHN. Of parents in attendance, 19 had a family doctor or pediatrician and 3 children were up to date on their immunizations.

The following PHN interventions were undertaken:

- **Health Assessment:** The PHN developed a questionnaire to identify barriers to immunization. There were 11 parents who reported no difficulties, including 5 families who walked to doctor appointments. For the 12 parents who described difficulties, reasons included transportation, limited access to bus fare, too far to walk, work hours, time, and lack of child care.
- **Public Health Clinical Practice:** The PHN provided lice shampoo and teaching to 3 families experiencing lice infestations who could not afford to purchase shampoo prior to the start of school
- **Health Communication/ Collaboration & Partnership/ Public Health Clinical Practice:** The PHN provided one on one information on free food and clothing, vaccination, lice and various health related topics. She also completed screening and facilitated the following referrals:
  - Speech, language and hearing- 3 students and one sibling;
  - Dental - 3 referrals to the Smile Plus Program due to tooth discomfort;
  - Housing - 2 families supported with housing applications;
  - Primary care - 4 parents referred to The Family Doctor Finder;
  - Growth and development – one family linked with Aboriginal Head start to promote school readiness of a 3 year old sibling; and
  - Community resources: one person referred to citizen's bridge for I.D. so they could open a bank account.

“No one ever explained immunizations to me... I decided not to immunize my three year old at all (since birth) because of what I seen on the news and YouTube...now I'll do it!” – Parent from Niji Mahkwa School

## Little Bear Booster Shot Clinic & Feast

### Public Health Clinical Practice/Outreach/Surveillance:

To increase access to immunizations, the PHN coordinated a 2 day event called the Little Bear Booster Shot Clinic. The clinic was staffed by 2 community area PHNs and 2 causal nurses; 48 immunizations were administered to 28 children. Six children were in the care of Child and Family Services (CFS), necessitating collaboration for consent. A St. John's therapy dog was available for the children to pet and each received a teddy bear. Immunization rates increased from 13% to 54%.

"It's very good to have this (immunization catch up) at school...I didn't know how I was going to get to it, I didn't know what they needed, but I kept getting letters (from MB Health)" – Parent from Niji Mahkwa School

**Community Development:** Important components of the Little Bear Booster Shot were food and celebrations. Niji Mahkwa's principal and staff supported the event; it was advertised by posters in the hallways and in the school newsletter. The Community Facilitator helped access funding for daily hot lunches provided by Fact Coalition and Healthy Together Now. The feast included items such cheese, bannock, stew, fruits and vegetables, juice, milk and crackers. Parent volunteers and school staff facilitated the event and prepared food. The WRHA community nutritionist provided poster board information that covered the 'What's in your lunch?' topic. Other activities included musical teaching tools and coloring books. The school's Speech and Language professional met with parents. The event was appreciated as a celebration of school entry and a life milestone for the kindergarten children.

**Overall, the event has been deemed a great success! The PHN involvement in the school's Meet the Teacher appointments and immunization clinic illustrates the importance of building relationships and pulling together resources. To increase immunization rates, the PHN took time to discuss immunization benefits and build trust with families. The trust built with families led to greater health promotion benefits. The efforts illustrate the PPM and health equity promotion in action.**

## ... Promoting Population Health and Equity



For more information about this event please contact Jennifer Whitford

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