Population & Public Health

Winnipeg Regional Health Authority

This newsletter is intended to provide an update on the Promoting Health Equity work that has occurred since the last newsletter distributed in February, 2015. The goal is to keep everyone informed of:

(1) the regional Health for All work,

(2) the Health for All – Public Health team's work, and

(3) the work that is occurring specific to the transition of community area public health nursing services.

The newsletter provides an outline of key decisions that have been made to guide the next steps and planned steps over the next couple of months. It will also provide background and answers to PHN's most frequently asked questions.

Health for All – WRHA (Regional)

There are multiple layers of ongoing activity to enhance health equity action in the Winnipeg Health Region. Our Public Health program is continuing to host and facilitate the regional **Health for All** efforts. The Health for All Coordinating Committee and Working Groups are supporting integrated approaches to weave health equity thinking and action into all decision-making and service provision; continuing to advance the equity action plan outlined in *Health for All: Building Winnipeg's Health Equity Action Plan*.

Upcoming Events

September 17th or 22nd 2015
9am – 10:30am

Healthy Built Environment Webinar

We want to hear from you!

There are a number of ways you are contributing ideas and direction for this transition, but if you have questions or more to say, we encourage you to share your ideas!

A few examples of ongoing regional initiatives include:

- Strengthening the regional strategic plan 2016-2021 to reflect the WRHA's commitment to health equity in regional values, operational strategies and key performance indicators.
- Defining WRHA's Accreditation Canada "priority population" as *individuals living in the social and economic margins especially those at risk for or experiencing homelessness* to support region-wide reflection and efforts that reduce health inequities.
- Working with the Winnipeg Poverty Reduction Council on myPEG Community Indicator System's second annual indicators report. The report draws attention to the relationship between health and income in the Winnipeg Health Region and will be available in the Fall.

Truth and Reconciliation Commission of Canada

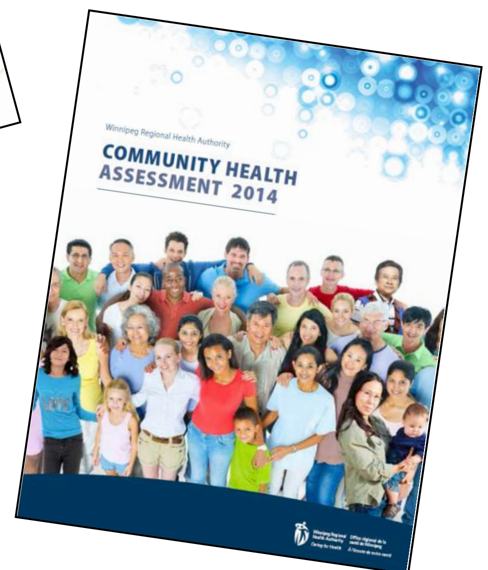
The release of the Truth and Reconciliation Commission of Canada is an opportunity for us to reflect, respond, and co-create a different future for Indigenous and Non-Indigenous peoples. The materials from the Commission are foundational for reconciliation and understanding our obligations to First Nations, Metis and Inuit people. The Commission emphasizes the impact of past and present policies as determinants of health. This reflects the Public Health belief that health isn't simply the outcome of 'poor health choices' or lifestyles.

Redressing the legacy of residential schools and reducing health inequities will require an ongoing commitment to truth and reconciliation. Public Health is currently exploring ways that will facilitate the incorporation of the Commission's recommendations into our policies and practices. We will not achieve health equity in the WRHA without improving the health of Indigenous peoples.

To find out more visit:
http://www.trc.ca/websites/trcinstitution/index.php?p=3

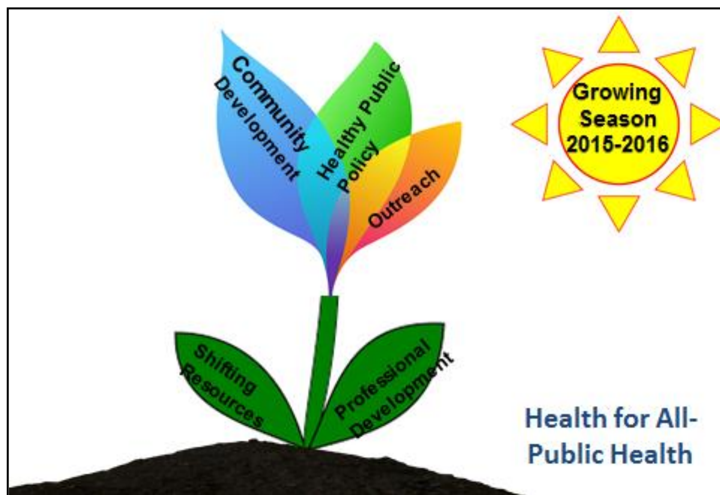
2014 Community Health Assessment

Take note, the new Community Health Assessment for the Winnipeg Health Region is out and available online: http://www.wrha.mb.ca/research/cha2014/index.php. This comprehensive report highlights health inequities and gaps by geography and income. It is important information for community health planning.



Health for All – Public Health

The **Health for All – Public Health** planning team has continued to review and synthesize input from the September 2014 staff development days. A planning framework has been developed that highlights the priority areas of focus identified by staff. Within each of the areas, the team identified actions that are already occurring, those that require further development and areas of focus for the future.



The framework above is intended to depict the short-term plan or 'growing season' for 2015-2016. The base or 'leaves' represent two components that are foundational to our planning efforts, that is, professional development and shifting resources. They represent the internal use of resources to optimize health equity action and professional development activities to enhance staff public health competencies.

The 'petals' of the flower represent three areas that were highlighted as requiring further development for public health staff to support a health equity promotion focus: community development, healthy public policy, and outreach.

This flower diagram compliments and aligns with our Public Health Conceptual Framework to further articulate r 2015-16 health equity promotion efforts and activities.

Health for All – Public Health Planning group members:

Dr. Bunmi Fatoye , Medical Officer of Health

Dr. Cheryl Cusack, Clinical Nurse Specialist

Dr. Christopher Green, Senior Epidemiologist

Darlene Girard, Team Manager, Healthy Parenting and Early Childhood Development

Debbie Nowicki, Team Manager, Population Health Surveillance

Drissa Dembele, Outreach Worker

Hannah Moffatt, Population Health Equity Initiatives Leader

Horst Backé, Population Health Initiatives Leader

Janice Keno – Family First Home Visitor

Kim Bailey, Team Manager, Healthy Sexuality and Harm Reduction

Lana Pestaluky, Public Health Dietitian

Laurie McPherson, Acting Manager Mental Health Promotion

Dr. Lawrence Elliott, Medical Officer of Health and Program Director

Lori Ann Laramee, Public Health Nurse

Louis Sorin, Community Area Director (Co-Chair)

Lynda Tjaden – Program Director Population & Public Health (Co-Chair)

Dr. Marcia Anderson DeCoteau, Medical Officer of Health

Dr. Pierre Plourde, Medical Officer of Health

Dr. Sande Harlos, Medical Officer of Health

Sarah Prowse, Manager, Physical Activity Promotion

Sheryl Bates Dancho, Community Area Team Manager

Sylvia Camara Tavares, Public Health Nurse

Public Health Staff Development 2015-2016

To reach our common goal of promoting health equity and improving population health a number of professional development opportunities for Public Health staff are planned for the upcoming year. In the spirit of the Calls to Action of the Truth and Reconciliation Commission of Canada, the Indigenous Health Promotion Working Group is planning additional professional development opportunities.

Webinars: This year, we are trying something new and planning three webinars. Each webinar will include a presentation about population health concepts and implications for practice, followed by time for team specific discussion and application. Each webinar will be presented twice, hosted at alternating paired area sites, so that everyone has the opportunity to attend. Stay tuned for more details.

Standing Team Agenda: In response to requests to increase understanding and share information, a standing agenda item about health equity promotion will be part of Public Health Community Area and Centralized Services team meetings. To support monthly team discussions, readings and discussion questions will be provided. These team conversations should be added as an agenda item for discussion at Practice Councils and PPHOT to promote consistency and provide ongoing evaluation of the process.

Staff Development Days: To wrap things up, we are aiming to have two half-day in-person sessions in June, 2016. This half day session will examine systemic racism, and provide training that addresses racism at the individual, institutional and cultural level.

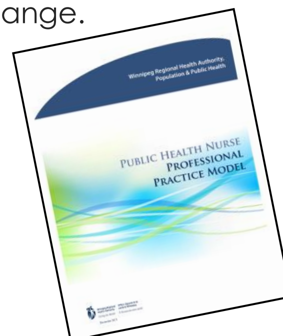
***Proposed 2015-16 agenda* (subject to change!)**

	Topic for webinar and/or team discussion
August	Standing Team Agenda: Professional Practice Model
September	Webinar: Healthy Built Environment on September 17th or 22nd from 9-10:30am
October	Standing Team Agenda: Let's talk… Health Equity
November	Standing Team Agenda: Let's Talk…Public Health Roles for Improving Health Equity
December	Webinar: Indigenous Health Promotion on December 10 or 15th from 9 -10:30am
January	Standing Team Agenda: Let's talk…Populations and the power of language
March	Standing Team Agenda: Let's talk… Moving Upstream
April	Webinar: Community Development WRHA Community Development Framework on April 14 or 19 from 9-10:30am
May	Standing Team Agenda: Let's talk… Universal and Targeted Approaches to Health Equity
June	In-person Staff Development Days: June TBA, 2016 8:30-12 at FMCC
July	Standing Team Agenda: Let's Talk: Advocacy and health equity

Health For All – Community Area Public Health Nursing

All Community Area PHNs had the opportunity to participate in one of the interactive sessions that took place from February to May. In these sessions, Sandi Mitchell described the ADKAR model. The ADKAR model frames change using 5 key areas: Awareness of the need for change, Desire to support and participate in the change, Knowledge of how to change, Ability to implement the required skills and behaviors for the change, and Reinforcement to sustain the change. People found themselves in many stages of readiness. To follow-up what we heard, we are planning to distribute a survey to all PHNs, so we can more fully gauge our readiness for change.

Planning for transition of community health nursing practice continues. To summarize discussions from the PHN sessions from Feb-May, some of the most frequently asked questions follow. If your questions aren't answered, please discuss them with your team manager who can help to get the information.



Q: I have heard that the date of January 2016 has been set as a target. What does that mean for my practice and what will change as of that date?

A: Before a date was set, there were lots of questions about when "the change" would take place. This past winter/spring, January 2016 seemed like a reasonable goal to work towards, however as that time grows near that can seem exciting for some and cause anxiety for others. As you can see, there is a great deal of work taking place at multiple levels. Based on current work, as of January 2016 the hope is the following will be in place:

- Finalization of the provincial prenatal, postpartum, and early childhood standards (see question below for more detail).
- A plan and evaluation for the reallocation of PHN resources
- An evaluation plan based on both process and outcome indicators
- Plans for PHN practice in the 3 areas currently being developed at NPC (Healthy Parenting and Early Child Development; Children and Youth; Immunization)
- A consistent PHN service delivery model across community areas
- A plan that identifies future steps needed to continue to grow and transition the public health public health nursing services.

Q: One of our team members heard that PHNs won't be providing services on the weekend any longer?

A: Discussion occurred at most of the Change Management sessions about weekend services. What was said is that we will need to look at weekend services through the lens of the professional practice model and the new practice standards. As a result, weekend services could be increased or decreased. At this point, no decisions have been made regarding weekend services but it will be reviewed once the three committees of nursing practice council are done.

Q: How will the Provincial Postpartum Standards impact our work in the WRHA? How can we do something different than what the province expects?

Our region has worked closely with the Provincial Standards group to review articles, provide input and establish principles to guide the standards. Each community office has a PHN champion that is contributing to this work. The intention is that PHN practice in Winnipeg will meet the standards outlined provincially and be consistent with the goal of promoting population health and reducing inequities. The provincial standards are intended to be high level standards, reflecting the full scope of practice and ensuring the role is complementary to the role of other providers. PHN practice is currently based on the existing standards however it is anticipated that the development of new provincial standards will impact our work in the WRHA by:

- Providing tools for documentation
- Defining minimum indicators or benchmarks of PHN practice that will be reported to Manitoba Health. Similar to measures for the Families First program, using the Healthy Parenting and Early Child Development (HPECD) database, we will measure basic elements of PHN practice, that will be evaluated across the province

Consistent with the approach taken in the provincial standards, the following is proposed for the WRHA:

Prenatal – PHN in person Home Visit within 2 weeks for all referrals with identified risk factors and potential to screen positive on Families First. For women travelling for birth, PHN's will contact families within two working days of arrival in Winnipeg. PHNs will attempt to find and connect with at risk prenatal women earlier through various means, such as community groups/networks and other locations.

Postpartum – Contact all families within 48 hours and HV all within 7 days of discharge. For those families who have FF risk factors, a first HV should be scheduled as early as possible, ideally within 48 hours of discharge. Regardless of whether the family opts for the Families First program, it is anticipated that PHNs will be working more intensively with these families over a longer duration. For those families with no indication of Families First risk factors, a home visit within 7 days is recommended to complete the family screen and assessment, and to advise of community resources. One PHN contact is recommended with families referred to community resources including parenting groups, breastfeeding clinics, and primary care.

Early Childhood - For families who score 3 or more on the Families First screen, as a component of ongoing PHN involvement the PHN will screen older children for developmental milestones, parent's knowledge, concerns, and ability to meet the needs of older child. PHNs will increase efforts to find young children and to facilitate referrals and follow-ups that promote school readiness.

Community Level Interventions - Consistent with a future PHN practice based on population health, each PHN will actively participate in or lead at least one community level intervention to address population health issues associated with their defined population group.

Q: What is the process for the allocation of resources? Will PHNs lose their positions?

The process of reviewing the current allocation of PHN resources across the community areas is not an exercise in reducing the number of Public Health Nurses working in Winnipeg. The current goal is to ensure that all public health nurses are working to their full scope and that we are addressing our program goals of promoting population health and equity. The intent is to ensure that with the new provincial guidelines, there will be sufficient public health nurses to provide service to disadvantaged families within existing resources. Work is occurring now on the PHN allocation model. Once that work is completed, there will be a plan to move public health nursing positions based on the new formula. The aim is that this process will be as minimally disruptive as possible. We will work with human resources and the union to ensure that as needed, the collective agreement will guide this transition.

Q: Why are we embarking on another change and will this change be the 'flavour of the day' and not sustained? Teams have really worked hard to implement other changes (e.g. all PHNs teaching prenatal classes) and then the direction changed.

PHN practice has a strong foundation based on equity and the social determinants of health. These concepts have always been embedded in our WRHA position description and other documents that articulate the PHN role. Over the years however, PHN practice in Winnipeg and across Canada has become more individually focused using approaches of equality rather than equity. Current research and evidence is highlighting the importance of deliberate health equity action. We have the opportunity to make the greatest impact on population health outcomes by balancing universal approaches with targeted approaches based on principles of equity. This challenges us to consider all of the PHNs services we are involved with, and how we can best utilize PHNs resources within the context and spectrum of the full health system.

Q: We believe the work we are doing with families now is making a difference. Who will do that work and why are we stopping doing that work if it is helping families?

There is no doubt that the current work of PHNs in the postpartum period is helpful and makes a difference to the individual and family. We will continue to provide universal service to all families to complete the Families First screen. However we must challenge ourselves to improve the health and the determinants of health across social gradients. A recent analysis of WRHA PHN service time in relation to the Families First screen and parent survey scores showed that there was no difference in how much direct service time PHNs spend. Disadvantaged families are getting the same amount of PHN service as more advantaged families. For more advantaged families we want to connect and refer them to community resources. For example, for breastfeeding support we can recommend our breastfeeding clinics and La Leche League meetings, and for primary care conditions we can offer a link to primary care providers.

Manitoba has some of the largest gaps and poorest childhood outcomes in Canada. Linked data on Manitoba child deaths, injuries, hospitalization, illness, lack of readiness for school, under-immunization, and poor childhood outcomes is first gathered by PHNs using the Families First screening tool. This makes it an ethical imperative and depicts a unique role for PHNs who have relationships with disadvantaged families and communities. In public health, we must shift our focus to prioritize those who are disadvantaged.

Q: How does the service delivery model fit with the other changes that are being discussed? Is there an update on this work?

Discussions regarding the service delivery model will continue to occur at Nursing Practice Council within the context of the Professional Practice Model (PPM). The goal is for all community areas to develop a more consistent approach to delivering PHN services based on the PPM and the full scope of the PHN role. The current draft of the provincial PHN standards contains reporting indicators based on PHN community assessment and population based activities, which are consistent with Accreditation Canada requirements for public health programs. This will hopefully assist us in articulating how PHN services can be organized in Winnipeg to promote the full scope of the PHN role and best meet the needs of communities. A consistent approach to PHN service delivery is important in increasing understanding of the role and function of PHNs among the various agencies and providers that work we work with.

The proposed direction is small groups of PHNs (perhaps 2-3 PHN EFTs) will work with defined population groups and associated agencies found within their Community Area. In most cases the defined population will be geographic but can also be based on other important characteristics that define a population (e.g., refugees and refugee serving agencies). Principles include client and population continuity of care, efficiency, and applying the full scope of PHN practice to address community and population issues.

Once allocation of Community Area PHN staff is complete, teams will be able to identify relevant geographic and population bundles and create small staff groupings to provide locally-based and relevant services. In advance of that, it will be important for teams to identify if there are non-geographic natural populations within your Community Area that would benefit from a small team-based approach.

Q: How will the impact of this change be measured?

The Healthy Parenting and Early Child Development (HPECD) database will be a key tool to monitor progress. In addition, there are quality/program monitoring/green belt projects that will assist in ongoing improvements to our services. Information from short term studies like the recent analysis of WRHA PHN service time in relation to the Families First screen and parent survey scores also provides critical information to guide our work. Along with surveillance and program monitoring, a research plan into the impact of this change is being developed that will include input from the public health nurses and the clients.

And now, a question for you…

How can the program assist you and your team with the change?

What we've heard so far is that you are seeking professional development, more consistency, and clear communication of changes. A survey is being developed to help guide next steps. The PHN Change Readiness Survey will be one of two surveys PHNs will be asked to complete this summer regarding your practice. The other survey is to provide input to Provincial standards for PHN practice in prenatal, postpartum, and early childhood. Please take the time to complete these surveys which frame the PHN role on national, region and local documents. Your responses will assist in guiding future education and training opportunities.

Speaking of change... after eleven years in this role and twenty-four years in public health, I will be leaving my position. In my experience, there never has been a more exciting time for public health and the future is very promising. We've never had a more talented or committed team - and when I say team, I mean all of you, practitioners, informal leaders and those in formal leadership positions.

We've also never had a clearer or more consistent vision and this will support us through the upcoming changes that will strengthen public health and the health of our whole population. I was asked if there will be a change in the direction of public health now that I'm leaving. The strength and momentum of our future direction is coming from many directions and in discussions with the other leaders, the plan is to continue down the path we have set for ourselves. From my new role in Women's Health, I'll be cheering you on, helping and collaborating to support you. It's been a real privilege to work with all of you in public health and I look forward to our future collaborations!! - Lynda Tjaden

P.S. Does your team have a health equity bulletin board?

Try including items such as:

- Health Equity Promotion Monitoring Report for 2014
- Past Public Health Newsletters
- National Collaborating Centre for Determinants of Health's Let's Talk series