Practice Guideline for WRHA Public Health Nurses Working in Community Development

EVIDENCE INFORMED PRACTICE TOOLS

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Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

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PURPOSE AND INTENT

This community development practice guideline is intended to support Public Health Nurses in their work of protecting, promoting and preserving the health of the population while decreasing health inequities within the Winnipeg Health Region.

1. Practice Outcomes

- Public Health Nurses build relationships, partnerships and networks important to developing healthy communities. Public Health Nurses actively seek out partners and share information and resources, building community capacity.

- Public Health Nurses use a social justice/equity lens promoting equitable distribution of resources and services throughout the population to reach the communities and populations who are most disadvantaged. Public Health Nurses advocate for disadvantaged communities and work within the system and with stakeholders to support these communities.

- Public Health Nurses use community assessment and their knowledge of the community through multiple sources of information to identify community strengths and needs. Public Health Nurses assess the community on ongoing bases and at least every two years, maintaining an ongoing community/neighborhood health record.

- Public Health Nurses use an upstream, population health approach to address inequities related to the social determinants of health through community development initiatives and ongoing engagement with the community.

- Public Health Nurses utilize knowledge of assessment data, and apply a strength based approach to empower and build capacity of the community to meet its needs. Public Health Nurses collaborate with community members and stakeholders to plan for and implement interventions that help address the Social Determinants of Health.

- Public Health Nurses have a professional responsibility and accountability to develop ongoing knowledge and expertise related to culture, emerging trends, population changes including reviewing and learning from existing documents and resources incorporating knowledge to practice.

- Public Health Nurses document in a Community Documentation Record and the Community Collaboration Notes to capture community level work incorporating the nursing process of assessment, diagnosis, planning, implementation and evaluation. This documentation record can be used to assess the progress towards reaching the goals set out for a community development initiative, as well as to capture ongoing

community assessment information. The documented information can also be used for the purpose of evaluating both program and Public Health Nurse Practice.

2. Background

The health of our communities is determined to a large extent by the conditions of everyday life, and by the systems put in place to promote health, prevent disease, and provide support. The social determinants of health are social conditions that interact to influence our health and well-being and are the circumstances in which people are born; grow up, live, work and age (1). Communities that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological well-being and that are protective to the natural environment are essential for health equity (2,26).

According to the 2014 Community Health Assessment Report for the Winnipeg Health Region, overall health in the Region is improving but improvements are needed in some areas. Factors that impact health are unequally distributed and substantial inequalities in health status remain across the region. Generally higher income communities have better health and life expectancies across the region suggesting populations have dramatically different life chances depending on where they live (3, 25, 27). There are large gaps in Winnipeg between those experiencing the best and poorest health (24).

The purpose of Community Development is to continually improve the health and wellbeing of the population by engaging in a broad range of strategies such as capacity building, networking and community area development. The values of Community Development are: Respect; Equity; Meaningful Participation; Meaningful Process; Integrity; Inclusion; Collaboration; Hope, and Strengths Based (6). Community Development can be defined as a process of helping a community strengthen itself in order to improve people's lives within a community" and addresses issues that have been identified by the community building upon existing skills and strengths within the community (6). The community itself can be defined not only by geographic clusters but can also be defined by the relationships of residents within the setting (shared concerns, common interests, or common identity); an individual can belong to several communities at the same time (6).

Community Development is one of the strategic approaches within the Winnipeg Health Region Population and Public Health Conceptual Framework and is integrated within the Public Health Nurse Professional Practice Model (4, 6). Public Health Nurses work to their full scope of practice in accordance with the Provincial Public Health Nursing Standards and the Professional Practice Mode incorporating key strategic approaches into their everyday work with communities building relationships, promoting maximum participation and self-determination of the community (4, 5). This also includes approaches using concepts of community engagement, capacity building, and empowerment to further promote community development.

Community Development as a process is about change within communities and it initiates and supports community action and outcomes. Public Health Nurses practice within communities building on strengths and assets, supporting local leaders to increase connections and enhance participation across all sectors. It is community driven empowering individuals and communities to build capacities based on community priorities which strengthens itself and can develop towards its fullest potential (6).

Indigenous communities often have a worldview that is unique and distinct, and this needs to be considered when working with Indigenous communities (26). Through valuing Indigenous ways of knowing and being, and by adhering to the principles of the Calls to Action of the Truth and Reconciliation of Canada and the United Nations Declaration on the Rights of Indigenous peoples, we may establish and maintain relationships that are respectful and meaningful to Indigenous communities (28). Concepts around cultural safety should be included as part of any approach in initiatives in health as they consider the diversity of the historical and current social and cultural beliefs and values held by a community. A recent scoping review identified six themes for developing culturally safe health initiatives for Indigenous peoples in Canada: collaboration and partnership, power sharing, addressing the broader context of the individual's life, providing an environment that is deemed culturally safe (by the user), organizational and individual levels of self-reflection, and cultural safety training for all health care providers (7).

Public Health Nurses are well positioned within their respective communities to reduce health inequities and improve health outcomes through community development. Public Health Nurses identify populations at risk, work towards equity promoting solutions and advocate for changes to address inequities (8).

The Public Health Nurses role is to promote healthy living and to this end, the Public Health Nurse needs to be able to assess and collaborate with diverse communities in order to understand and respond to their needs to strengthen communities. Community development work may occur at many levels such as community area, neighborhood cluster, school, cultural group, with key members of the community or within a larger population.

3. Guidelines

Public Health Nurses allocate time for community level work both in individual practice as well as collaboratively within their teams. Team discussions include community development as a standing topic within their agenda to discuss plans, goals, and interventions. Public Health Nurses work at high levels of autonomy with personal commitment and accountability to professional practice with an emphasis on teamwork, collaboration, consultation and professional relationships (4, 5). It is also expected that nurses engage in needs based learning and take professional responsibility for becoming an expert in their particular area of practice (11).

NURSING PROCESS IN COMMUNITY DEVELOPMENT

The nursing process of Assessment, Analysis and Diagnosis, Planning, Implementing and Evaluating has been used as a way or organizing and documenting nursing level strategies and interactions in community development where the community is seen as the 'client'. These guidelines translate into tangible health promotion interventions for Public Health Nurses in creating communities that maximize health for the people and their environment (9).

Just as individual people vary, communities differ and no one approach will work in all situations. A flexible process and general information are being offered in this community development guideline to be adapted to your own situation. (10).

ASSESSMENT

Public Health Nurses base their practice on the analysis of the health status within communities they serve. The goal of a community assessment is to gather relevant information using both qualitative and quantitative aspects about the health of a population. This data is then analyzed and presented in a manner that can assist with planning interventions, such as policy development or revising services that already exist. The assessment data will also serve as a baseline when evaluating health outcomes in response to planned interventions. The members of the community are partners in the goal to improve their health status, and are actively involved throughout the assessment process (12).

- ✓ The assessment process begins by identifying the community itself. The community can be defined geographically or based upon other commonalities that connect individuals together in some meaningful way.
  - Within a geographic area Public Health Nurses can assess a community that is comprised of a group of individuals who share a common social network. Some examples include community schools, LGBTQI+ communities, prenatal, postpartum and breastfeeding groups, parent groups, faith based groups (churches, mosques, temples) newcomers (sponsored, and refugee), various communities

within the homeless population, individuals who share common addictions, individuals who attend groups that celebrate one's ethnic background).
    - Public Health Nurses may decide to extend their community assessment outside of their assigned geographic area to better meet the needs of a community group. This may involve the collaboration of different Public Health Nurses across various geographic neighborhoods or it may involve the collaboration across different public health teams coming together to address the needs of a community group that is comprised of individuals who share a common social network.

- ✓ Communities are assessed through a variety of methods and tools which includes, but not limited to, learning from windshield/walking surveys, community leaders, community groups and individuals within that community. For example, Public Health Nurses may take the initiative to set out and explore a community or respond to requests for consultation from the community representatives. Other assessment data may come from research, focus groups; community health assessments; NETs; Public Health Surveillance data; and from the community members in general.
    - Establishing relationships with members of the community will assist the Public Health Nurse in learning about the core of a community, its people, their history, characteristics, values and beliefs, which promotes community partnerships and collaboration integral to working with a community (12).

- ✓ The Public Health Nurse must be aware of evolving trends, needs and assets within a community and is expected to complete a community assessment at least every two years, and to assess their community on a continuous basis. According to Vollman," A community assessment is never complete, because any community and the people who live it are dynamic and ever evolving" (12).

During the Community Assessment, Public Health Nurses draw on the Provincial Public Health Nursing Standards of: Relationship Building; Equity and Access; Public Health Nursing Assessment; Screening and Case Management; Health Promotion; Prevention and Health Protection; Capacity Building; and Professional Responsibility and Accountability.

ANALYSIS AND DIAGNOSIS

The Public Health Nurse develops a concise statement of the issue as it will provide a concrete basis for a priority setting process leading to better program planning, intervention and evaluation (22). Using information gathered from the community health assessment, community analysis involves understanding the needs, strengths, barriers, opportunities, readiness, and resources of the community (13).

- ✓ The members of the community are always included in the identification of the strengths of the community as well as issues of concern. Successful outcomes will only be achieved with the support of the community.

After considering the data, the issues, and formulating the preferred outcomes of a collaborative community health promotion action, a community health diagnosis can be formed from which goals can be identified (13).

- ✓ Public Health Nurses recognize the complex nature of the Social Determinants of Health in regards to social justice and equity and incorporate interventions with the goal of creating greater health for all (15).

PLANNING: DECIDING ON PRIORIY GOALS

Once community diagnoses have been made and goals have been identified, they are prioritized and clear measurable community interventions are considered. In setting priorities within public health, it is important to consider inequities and social justice and not be reduced solely to numbers (22).

Public Health Nurses work with members of the community to validate and prioritize the community diagnosis and focus on those that are both of importance to the community and will have potential for measurable planned change. Within this process, Public Health Nurses identify the use of potential community resources as well as plan and take action to overcome actual or perceived barriers (14, 15).

IMPLEMENTATION

During the implementation process the planned interventions are carried out for prioritized goals. This process can take place over an extended period of time and in flexible, non-linear ways. Throughout the process, the Public Health Nurse adapts interventions while continuing to focus on improving the health of groups of people and the community (16).

COMMUNITY LEVEL INTERVENTIONS

Public Health Nurses' practice integrates the structures and processes consistent with Population and Public Health key strategic approaches at the community level to optimize population health outcomes (4).

Community level intervention is a term that will be used to describe the 'activities' that occur at the community level that help to improve the health of the population. Community level interventions are different from individual or family interventions; the framework for action planning interventions comes from the Professional Practice Model key strategic approaches (4).

PUBLIC HEALTH CLINICAL PRACTICE

Public Health Nurses' clinical practice is responsive to community strengths and needs and utilizes a Canadian Community-As-Partner Model and the Nursing Process to promote the health of the community (16).

Examples:

- Using a strategy of engagement, the Public Health Nurses develop a social marketing campaign to inform and increase awareness about safer sex.

OUTREACH

Public Health Nurses use outreach to seek out and identify opportunities and use strategies such as targeted case finding to promote equity and facilitated access to resources for populations at risk for negative health outcomes(4).

Examples:

- Public Health Nurse assesses the strengths and potential risks to a group of Syrian refugee newcomers who recently moved into the community area. The Public Health Nurse recognizes that a potential health gap exists and would like to initiate contact with this community and contacts the school principal building a relationship and collaborative partnership with the school. The public health prepares for a 'newcomer' evening ready to assess the needs of this population also bringing resources and education information for discussion. The information gained led to best practice interventions for newcomers in the CA.

HEALTHY PUBLIC POLICY

Healthy Public Policies are designed to effectively address population health and are analyzed through a critical social lens (18).

During the Analysis and Planning process, recognizing that a current or potential health concern exists for the community, recommendations and course for action for policy and/or program development can be made to influence decision makers and future policy. This is also where the Public Health Nurse may request consultation and/or support from appropriate partners such as with WRHA Healthy Public Policy team and use resources or tools such as the Health Impact Assessment Tool (19).

Examples:

- A Public Health Nurse while driving within the assigned community area notices a group of 10 young 12-14 year olds cycling without helmets. An assessment is initiated and it is discovered that cycling injuries are most common injury of summer sports as

well as the disparity in helmet use between lowest and highest income areas, advocates for 'Bike Helmet Legislation'. While advocating the Public Health Nurse works and communicates with Public Health, Government, Community Groups, and Schools in order to prevent injuries and provide free helmets within their community area.

HEALTHY BUILT AND SOCIAL ENVIRONMENT

Healthy built and social environments have significant impacts on our physical and mental health. Public Health Nurses incorporate the healthy built and social environment into land use planning, program planning and policy planning that impact the community setting in which people live. This refers to all buildings, spaces, and products that are created or modified by humans and encompasses all buildings; roads and transportation systems; as well as access to healthy housing, food, water, physical spaces, schools, and recreation facilities (4, 20, 23).

Examples:

- Public Health Nurse while performing a windshield survey notes a garbage disposal area in the community has been overflowing with items not appropriate for the garbage collection truck for quite some time. Aware that the physical environment can influence the health of the community area, and that this area is next to an elementary school, the Public Health Nurse plans an approach beginning with assessing the communities strengths and capacities such as volunteers and reaches out to other partners such as the Water and Waste Department with the ultimate goal of improving the health of the community.
- Public Health Nurse works collaboratively with a neighborhood group of parents and local school following a pedestrian accident at a cross walk in order to improve a safer way for people to cross the street such as building overhead lighting at that crosswalk.

HEALTH COMMUNICATION

A Public Health Nurse uses the most appropriate media, current technology, and communication strategies as interventions to promote health information to influence, motivate and engage community groups (4).

Examples:

- Healthy Sexuality/Harm Reduction team provide strategic health information about the outbreak and subsequent health issues of syphilis using a variety of social media sites.
- Public Health Nurse builds a relationship with a local shelter and advocates for adolescents to get access to computers in order for them to access resources for health information such as anxiety and depression websites sites.

HEALTH ASSESSMENT

Health assessment process gathers relevant information using an evidence based process using both quantitative and qualitative information about the health of a community. Not only is it important to assess the community needs and concerns, but also community strengths and assets as well (22). In order to reduce health inequities among population groups, the social determinants of health are used as both a foundational concept and a target for action (18).

Examples:

- Public Health Nurse attends an educational event to learn about the root causes of health inequities among the Indigenous population. The Public Health Nurse shares the qualitative and quantitative information gathered with community members to increase understanding of the structural social determinants of health and support community planning to meet health needs.

COMMUNITY DEVELOPMENT

Community development includes improving health outcomes, supporting both capacity development and empowerment to address and meet its needs with the goal of enhancing community living. Public Health Nurses utilize their assessment knowledge using a strength based approach to address these community needs (4, 6, 8, 18).

Community Facilitators work within communities supporting linkages between staff and the community. Their role is to draw out the strengths of communities through such actions as bringing community members together at meetings and facilitating members to speak about the issues then mobilizing the ideas and actions that the community would like to implement. Community Facilitators have an in-depth knowledge of their community and are seen as a resource for Public Health Nurses working in community development.

Examples:

- A Public Health Nurse provides leadership in the community by regularly attending a meeting of social and health service providers and acts as a catalyst to build capacity within the community.
- Public Health Nurses and the Community Facilitator attend a monthly team meeting and discuss the recent town hall meeting. The discussion at the town hall led to many community concerns; the community decided that children were their top priority.

COLLABORATION AND PARTNERSHIP

Collaboration and partnership optimize community health through shared responsibilities and resources to promote the health of the community. Partners and key stakeholders become jointly engaged to address the community health needs and improvement plans are developed and implemented in partnership (4).

Public Health Nurse builds relationships with the community and its networks, coalitions, organizations, groups or committees and become active members and partners.

Examples:

- A Public Health Nurse attends 'Meet Me at the Bell Tower' an initiative with the objective to end violence in Winnipeg's North End.

- A Public Health Nurse takes part as a member of a parent child coalition providing knowledge and epidemiological data of the community and Early Development Instrument scores and supports decision making for a drop-in program to meet the needs identified by parents with children age 1 to 5.

APPLIED PUBLIC HEALTH RESEARCH

Public Health Nurses incorporate research evidence into practice by collecting information from multiple sources both quantitative and qualitative in order to become aware of the community's trends and priorities gaining a better understanding of the community (4).

Examples:

- A Public Health Nurse involved in a coalition collaboratively evaluates data obtained from the drop-n program for ages 1-5. The data from the parents and recent Early Development Instrument (EDI) scores suggests incorporating story time to increase these scores.

SURVEILLANCE

Public Health Nurses practice consists of collecting and storing surveillance data within confidential data systems. A Public Health Nurse incorporates this knowledge into practice by interpreting and sharing surveillance data in a way that the community and public can understand (4).

Examples:

- A Public Health Nurse collects health related data to monitor and clarify the immunization rates in their community to allow priorities to be set for outreach planning, implementation and evaluation.
- A Public Health Nurse documents the impact of an intervention by gathering and interpreting evaluation information from the community area.

EVALUATION AND REASSESSMENT

Evaluation can lead back to a fuller understanding of the problem or potential solutions and assess whether the planned change has occurred. It is through evaluation and reassessment that the Public Health Nurse gains insight of how the planning goals and interventions may or may not be contributing to the wellbeing of the community and can inform the Public Health Nurse of future direction (21, 22).

4. Tools and Resources

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6 Primary Author(s)

Public Health Nursing Practice Council Community Development Working Group Members: Kathryn Carlyle, Vicki Charski, Jo-Anne Cowen, Grace Gillis, Cathy Noton, Karen Popoff, Judy Saltel-Olson, and Kelly Wren.