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## The Period of PURPLE Crying® (PURPLE) A Province-Wide Shaken Baby Syndrome Prevention Initiative

Karen Sadler<sup>1,2,3</sup>, Claire Humphreys<sup>1,2,3</sup>

<sup>1</sup>BC Children's Hospital Research Institute, Vancouver, Canada. <sup>2</sup>Prevent Shaken Baby Syndrome BC, Vancouver, Canada. <sup>3</sup>University of British Columbia, Vancouver, Canada

### Abstract

Infant crying, a normal part of child development, is unfortunately the main trigger for shaken baby syndrome /abusive head trauma (SBS/AHT) in children under 2. The Period of PURPLE Crying® (PURPLE) is a BC-wide education initiative that aims to: 1) increase parent understanding of early increased infant crying characteristics and, 2) reduce the incidence of SBS/AHT in BC. PURPLE education and materials are delivered free to BC families via a triple dose strategy: maternity services/midwives (49 hospitals); public health services (112 units); and, public education campaigns. To ensure it's offered to families universally, collaboration with community health nurses is imperative.

Prevent Shaken Baby Syndrome BC continues to improve and strengthen the PURPLE initiative through on-going process and prevention outcome evaluations. Its implementation province-wide has been associated with a 35% decrease in SBS/AHT cases in British Columbia. Our goal is to strengthen collaborations with community nurses to ensure parents receive consistent information wherever they receive care.

Evidence Informed Practice shapes the PURPLE initiative as it is continually evaluated to determine: 1) whether the program is being implemented with fidelity; 2) association with a decrease in SBS/AHT cases and 3) how nurse and parent feedback informs program implementation.

### Key learning outcomes:

Participants receive implementation training and tools on the *Period of PURPLE Crying*. Attendees will learn about early increased infant crying research, signs and symptoms of SBS and will participate in a discussion on integrating coping/soothing strategies and positive messaging for families into their practice.



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## 114

### Public Health Nurses' Experiences of Implementing the Bristol Breastfeeding Assessment Tool (BBAT) into Practice as a Recommendation of the Registered Nurses' Association of Ontario (RNAO) Breastfeeding - Promoting and Supporting the Initiation, Exclusivity, and Continuation of Breastfeeding in Newborns, Infants and Young Children Best Practice Guideline (BPG)

Teresa Cozzella

York Region Public Health, Newmarket, Canada

#### Abstract

The purpose of this study is to identify the effectiveness of a local Public Health Unit's implementation strategies to increase nursing competency and motivation in the utilization of the validated *Bristol Breastfeeding Assessment Tool (BBAT)* into nursing practice as a recommendation of the Registered Nurses' Association of Ontario *Breastfeeding - Promoting and Supporting the Initiation, Exclusivity, and Continuation of Breastfeeding in Newborns, Infants and Young Children Best Practice Guideline (BPG)*. It will focus on studying the implementation strategies and the uptake of a validated assessment tool into routine nursing practice. Using the Donabedian Framework (Donabedian, 1988), the study will measure: 1) structural indicators needed to implement the tool (documentation changes, required resources); 2) process indicators (facilitators and barriers for the nurses throughout the implementation strategy; and, any suggestions for improvements); and, 3) outcome indicators (results of the undertaking of the initiative; consistency with using the BBAT; and, how the results informed nursing practice). The potential improvements for the nurses, identified as the client population affected by this study, are to provide consistent, evidence-based nursing assessments that promote continuity of care with breastfeeding clients. There is future potential to measure outcomes for breastfeeding clients and to collaborate with local hospitals to implement the tool for consistent nursing assessments from hospital to community. The evaluation of the implementation strategies will inform future implementation of BPG recommendations at local, provincial, and national levels.



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**182**

## Teaching Harm Reduction to Nursing Students: Challenges during a Dual Pandemic

Patty Wilson, Amy Leung

Calgary, Canada

### Abstract

Since the start of the global pandemic, COVID-19, the criminalized drug market has become increasingly poisoned, leading to higher death rates across Canada. Harm reduction is an evidence-based practice or policy that aims to reduce the negative effects of substance use and has never been more important in nursing education. Despite this essential tool to respond to the other crisis occurring in Canada, harm reduction is not universally taught in nursing education resulting in nurses entering the workforce with an inadequate skill set to respond to this public health emergency. Furthermore, harm reduction has become a politicized term leading to misrepresentation in the media which causes further confusion. The increasing poisoning deaths coupled with the feelings of provider helplessness are contributing to vicarious trauma in the community health nursing field.

The authors of this presentation will explore their own successes and challenges with harm reduction in a learning environment. The three perspectives represented by the authors include the education of a nursing student in her final practicum, her preceptor, and a nurse practitioner who recently completed an addiction nursing fellowship.

The objective of the presentation is to characterize common challenges in harm reduction education in community health nursing during COVID-19 and explore how the authors have addressed these issues in their practice. The authors will share practice tools such as harm reduction resources, strategies to mitigate vicarious trauma, and Alberta nursing communities that support harm reduction. The presentation will be a blend of current research and the authors' lived experience.



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**205**

## Gaining Perspectives on Access and Equity to Health Care in Rural Saskatchewan for Postsecondary International Students'

Sarah Kostiuk, Jayne Naylen Horbach

Saskatchewan Polytechnic, Regina, Canada

### Abstract

**Research Focus:** Over the last few years, Canada including Saskatchewan has witnessed an increase of international students with approximately 300 thousand international students enrolled in Canadian postsecondary schools (Statistics Canada, 2021). International students face stressors impacting their health and wellbeing, including language, social support, financial capacity (McKenna et al., 2017), loneliness (Sawir, 2008), racism (Iwamoto & Liu, 2010), fatigue (Ishak et al., 2013), and culture shock (McLachlan & Justice, 2009). Accessing care in rural Saskatchewan can be challenging and yet access to health care is a determinant of health and a well-known issue contributing to health disparities. Environment, communication, and systemic barriers exist yet more research is needed to understand international student's experiences in accessing health care while living in rural communities (Tang et al., 2018; Pandey et al., 2022).

**Findings & application:** Focus groups explored the experiences of postsecondary international students in rural Saskatchewan. Findings reveal barriers and opportunities for students accessing health services including a lack of awareness of available services, and unique opportunities with technology. There is a need for community health nurses to address service gaps, and inequities in health and accessibility issues for international students. The presentation uses an appreciative inquiry approach to highlight unique findings and invite dialogue among community health nurses on advocating for equitable health services as well as equitable resource allocation to enhance wellbeing of international students.

**Learning outcomes:** Attendees will acquire knowledge on existing gaps with access and equity of health services for international students, future research possibilities, and opportunities for advocacy.



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## FB1

### Holistic Promotion of Youth Wellness from a Métis Perspective: The Gift of Knowledge Sharing with Métis Elders

Michelle Padley

TRU, Kamloops, Canada

#### Abstract

**Background:** In responding to calls for transformation by the Province of BC, the Truth and Reconciliation Commission of Canada, and the In Plain sight report (Turpal-Lalonde, 2020), This research is situated within the context of the youth life promotion project being developed by Métis Nation British Columbia (MNBC). Métis youth are at higher risk for mental illness and suicidal behavior and culturally appropriate suicide prevention programs are needed (Auger, 2019; Smith et al., 2019)

**Methodology:** This research is grounded within Indigenous Research Methodologies and will follow Keeokaywin: The Visiting Method (Gaudet, 2019) and the concept of storytelling (Kovach, 2018). Visiting allows for the researcher to be wholly present with the participants in their space, while often sharing a meal (Gaudet, 2019). The student researcher will meet with Métis Elders throughout BC while sharing tea. The conversation will be guided by open ended questions designed following the Aboriginal Life Promotion Framework (Bartlett, 2005).

**Goals and Objectives:** This research seeks to increase the knowledge around Métis ways of knowing, specifically understanding the concept of holism in the context of youth mental health, while developing an online wellness program for Métis youth in collaboration with Métis Nation British Columbia (MNBC).

**Implications for Community:** This project will not only provide much needed mental wellness programming for youth, but also provides the opportunity to shift Métis ways of knowing and Métis methodology to forefront of current research.

**TRU Supervisor and Committee Members:** Lisa Bourque Bearskin, Bonnie Fournier, and Star Mahara

**MNBC Facilitator:** Jillian Jones



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## FB2

### Access and use of services by caregivers of older adults: A scoping review of cultural and linguistic diversity

Danielle Knipping, Bianca Jiang, Anna Garnett  
Western University, London, Canada

#### Abstract

Westernized countries are increasingly composed of a culturally and linguistically diverse (CLD) older adult population. Informal caregivers of CLD older adults face unique challenges in accessing and using community services, including language barriers and availability of culturally appropriate services, that limit their use and benefit from these services. This scoping review was conducted to identify facilitators and barriers to access and use of community services for informal caregivers of CLD older adults to develop educational tools and supports for culturally competent community practice and identify research priorities to support this population.

A systematic search of five online databases retrieved 5035 unique articles. Thirty-two studies met the inclusion criteria and informed this review. Informal caregivers of CLD older adults face facilitators and barriers at three stages of using service: knowledge, access, and use of services. Findings concerning caregivers' access to services were subdivided into willingness to use services and ability to access services.

Results emphasize the need for policy and system changes to develop accessible and acceptable services for informal caregivers of CLD older adults, including funding ethno-specific services, facilitating system navigation, and supporting diversity in healthcare. Implications for community nurses include prioritizing cultural competency training and recognizing the impact of care provision on the accessibility and acceptability of services. In order to deliver optimal care to CLD older adults, community nurses should be aware of potential assumptions and biases, facilitate trust and clear communication with families, and seek to understand CLD patients' needs using a patient-centred and culturally competent approach.



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## FB3

### Equipping nurses to deal with intersecting forms of stigma

Gord Garner<sup>1</sup>, Colleen Varcoe<sup>2</sup>

<sup>1</sup>Community Addictions Peer Support Association, Ottawa, Canada. <sup>2</sup>University of British Columbia, Vancouver, Canada

#### Abstract

Stigma and discrimination deter people from health care, and from being open with health care providers about their concerns. This is particularly the case for people who use substances in ways that negatively affect their lives, especially when they also face racism and other forms of discrimination. In the face of the ongoing opioid crisis, and the widening health inequities in Canada, and in light of the Calls to Action of the Truth and Reconciliation Commission, Community Health Nurses must deal with specific and intersecting forms of stigma, including that related to mental health, substance use, and poverty, and Indigenous-specific racism. This session will use the fishbowl format to engage participants in a modified forum theatre, in which they will enhance their capacity to a) approach people in non-stigmatizing, non-judgmental, equity-oriented ways, b) deal with discriminating and stigmatizing practices by colleagues and c) advocate for conditions of practice that promote equity-oriented nursing. Drawing on the EQUIP research program and tool kit (<https://equiphealthcare.ca/>), the facilitators will have a brief dialogue about the principles of equity-oriented practice, including a strength-based approach to substance use, cultural safety and trauma and violence informed care. Drawing on the Stigma Ends With Me campaign (<https://twitter.com/CAPSACanada>) sponsored by CAPSA and the Canadian Center on Substance use, they take the dialogue to stigma reducing strategies. Then, using three scenarios that build on each other, facilitators will play out the scenarios, and then invite all participants to engage in demonstrating improvements.



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## FB4

### Disruptive Opportunities to Enhance Capacity for Equity-Oriented Action in the Health Sector

Sume Ndumbe-Eyoh

National Collaborating Centre for Determinants of Health, Antigonish, Canada

#### Abstract

In pursuit of health equity, organizations are called to build their capacity to engage in deep and sustained action on the social and structural determinants of health. Organizational and systems capacity consist of various elements, such as staff knowledge and skills, multisectoral and community partnerships and leadership and governance structures.

Equity-oriented action in the health sector is often perceived and experienced as disruptive as it seeks to shift power and transform how organizations and systems function. When disruptive opportunities are nurtured nurses and nurse leaders have the space to reflect on the structures and systems that manifest health inequities and reimagine practice and policy.

We explore the idea of “psychological safety”, and it’s potential to strengthen capacity for health equity actions within organizations by supporting the interpersonal risk-taking and courage needed for work in health equity. Leadership plays a critical role in framing disruption as opportunities for action.

We will discuss practical strategies that support practitioners to challenge inequity-generating practices and processes, and move beyond usual ways of working to support equity-oriented approaches.

By identifying and supporting organizations to see the generative potential of disruption, community health nurses can play an important role in enhancing organizational capacity to act on the everyday conditions that affect health in order to reduce systematic and unfair differences in health and social outcomes for population groups.



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## FB5

### Decent Work: A Shared Vision for Community Health Nurses to Address Precarious Employment as a Determinant of Health in Canada

Carolina Jimenez, Rebecca Cheff

National Collaborating Centre for Determinants of Health, Antigonish, Canada

#### Abstract

Precarious employment is a key determinant of health that has been exacerbated by the COVID-19 pandemic. Workers experience worse health outcomes when they are employed in jobs that are low-paid, insecure, and without benefits. For many individuals and families, decent work is central for alleviating poverty, affording safe housing, and purchasing food and medication. Unfortunately, precarious employment is on the rise in Canada, and with it, come harmful and inequitable health consequences for individuals, families, and communities.

If precarious employment is the problem, decent work is the solution. Decent work is a shared vision. It is a common goal for people and health care providers, an agenda for policy change, and a movement that aligns with a social determinants of health approach. Community health nurses see firsthand the impact of precarious employment and are well-positioned to contributing to addressing it.

This session focuses on the theme of addressing determinants of health, specifically precarious employment. The facilitators, who have expertise in decent work, nursing, and public health, will guide participants through a composite case study to illustrate core concepts of precarious employment and its health consequences. Participants will co-develop strategies to address precarious employment through nurse-led decent work action at the individual, family, community, and policy levels.

After attending the session, participants will be able to: 1) describe the health equity consequences of precarious employment in Canada, 2) explain the relevance of a vision for decent work to community health nursing practice, and 3) implement decent work strategies to improve health.



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## FB6

### Moving towards racial health equity in community health nursing

Sume Ndumbe-Eyoh

National Collaborating Centre for Determinants of Health, Antigonish, Canada. Black Health Education Collaborative, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

#### Abstract

As a critical social determinant of health, racism negatively affects the social, economic and political lives of Black, Indigenous and racialized peoples. Systemic racism leads to profound racial health inequities. Black, Indigenous and racialized peoples globally are more likely to be exposed to health damaging conditions and less likely to have access to health promoting living conditions. Given profound and persistent racial inequities, organizations need to implement strategies to address racial equity in the context of health promotion and public health.

The session will introduce participants to racism as determinant of health and approaches to addressing racism at the institutional level. The workshop will emphasize how organizations can use a racial equity lens to implement an impact-driven process.

We will present brief organizational examples that address one or more of the strategies will be presented. This will provide participants with real-life examples the challenges of anti-racist institutional change.



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## FB7

### Community health nursing and sleep health: How can community health nurses improve sleep health in Canadian children, youth and their parents?

Elizabeth Keys

The University of British Columbia Okanagan, Kelowna, Canada

#### Abstract

Poor sleep quality has been described as a public health epidemic. Despite well-established links between sleep, mental, and physical health, evidence-based supports to maintain and improve sleep health are not widely accessible in Canada. Given the dramatic rise of mental health concerns during the COVID-19 pandemic, particularly in children, youth, and their parents, improving accessibility to evidence-based information and strategies that promote sleep health is of critical importance to support children, youth, and parents.

The purpose of this session will be to develop a common understanding of how community health nurses are able to support sleep health in their community health nursing practice. This session will also identify barriers and facilitators and future opportunities that Canadian community health nurses will need to overcome or leverage to support sleep health in individuals, families, and communities.

Participants will be provided with an overview of current evidence and practices on sleep health, with a focus on infants, children, youth and parents. Select Canadian sleep health initiatives and resources will be discussed. An interactive forum, with consensus-building engagement strategies, will be used to elicit examples of how community health nurses currently work to promote sleep health, describe barriers and facilitators for promoting sleep health, and generate and prioritize ideas for how community health nurses can support sleep health in Canada.

Learning outcomes include (1) To describe key concepts in promoting sleep health in the community and (2) To identify opportunities within community health practice to strengthen and promote sleep health of Canadian families.



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## FB8

### Harm reduction peer backpack and vending machines impact on prevention of Hepatitis C and HIV amongst people who inject drugs in rural Saskatchewan.

Danielle Radchenko<sup>1</sup>, Malcolm McNeil<sup>2</sup>

<sup>1</sup>Saskatchewan Health Authority, North Battleford, Canada. <sup>2</sup>Saskatchewan Health Authority, Lashburn, Canada

#### Abstract

HIV and Hepatitis C rates continue to be on the rise in Saskatchewan. Harm reduction best practices models may suggest there is merit in the exploration of alternative options such as formal secondary distribution and use of vending machines (CATIE, 2015) to improve access of needle use equipment through building capacity of people who have lived experience with the use of injection drugs.

The Harm Reduction Peer Backpack and Vending Machine project is a peer-led improvement project that involves people who inject drugs (PWID) providing needle distribution via backpacks and harm reduction vending machines. The data collected includes surveying clients regarding sharing of used drug use equipment before and after the introduction of the project, and conducting focus groups re: implementation and ongoing use of the project to evaluate their effectiveness of decreasing Hepatitis C and HIV. It aims to increase access to needle equipment by 30% and to increase capacity of secondary distributors (peer backpackers) by 25% for PWID in three rural Saskatchewan communities. The peer backpackers also introduce a backpacker training manual in the form of YouTube videos to support informal secondary distribution amongst PWID in rural communities. The project has also unveiled unexpected benefit of improved relationship amongst PWID and health care professionals. It is the intention that the project will provide important insights, learning lessons and future considerations regarding the effectiveness of formal secondary distribution and harm reduction vending machines on addressing the high rates of Hepatitis C and HIV in rural Saskatchewan.



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## FB9

### A call to action about children's sleep

Wendy Hall, Christine Ou

University of British Columbia, Vancouver, Canada

#### Abstract

Despite a worldwide public health commitment to support healthy child and youth development, up to 30% of families have children who struggle with behavioral sleep problems, which undermine parents and children's healthy sleep. Few Canadian families have access to information about children's sleep patterns and needs or evidence-based approaches to manage children's sleep problems. Their lack of access is primarily due to the failure to train primary care providers, such as child development specialists, nurses, and physicians about children's sleep. Sleep contributes to children's overall health and academic achievement; behavioral sleep problems are associated with children's emotional and behavioral problems, and lower academic performance and negative effects on parents' mood and parenting interactions.

Community health nurses engage with children and families in a variety of settings. They are in a pivotal position to assist families and children with promoting children's health through sleep and reducing behavioral sleep problems. In this session, we call community health nurses to engage with promoting children's healthy sleep and helping children and families manage sleep problems. For example, in Canada, The Comprehensive School Health Model to support improvements in students' achievement and well being has neglected sleep and sleep education. Community health nurses have the potential to interact with parents, school personnel and boards, politicians, and governments to put children's sleep in the forefront of decision-making about a variety of policies. To do so, they need to learn about and engage with this problem.



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## FB10

### Community Veterinary Outreach - Reaching Vulnerable Communities with a One Health Model

[Kelsi Jessamine](#)<sup>1</sup>, [Doris Leung](#)<sup>2</sup>, Susan Kilborn<sup>3</sup>

<sup>1</sup>University of British Columbia, Vancouver, Canada. <sup>2</sup>Community Veterinary Outreach, Vancouver, Canada. <sup>3</sup>Community Veterinary Outreach, Ottawa, Canada

#### Abstract

Health and social equity in the most vulnerable populations is a challenge in community nursing. Novel approaches are required to address adequate health and social supports in difficult to reach individuals such as homeless, street-involved, and vulnerably housed adults and youth.

Approximately 20% of vulnerably housed individuals and families own pets. The strong human-animal bond that is present acts as a motivator to access veterinary service, where pet care before self care is common behaviour. This bond can also be a motivator for human health behavior changes. Community Veterinary Outreach (CVO) is a veterinary-based organization that provides free health and social services to both marginalized pets and their owners. This One Health model of care incorporates the social determinants of health and its close link with animal and human health. An interdisciplinary, non-judgmental, and low barrier approach to improve health equity addresses public health risks at the human-animal-environmental interface and allows CVO to influence and promote positive human health behaviours.

CVO partners with nursing teams in Ontario (Ottawa, Toronto, Guelph, Hamilton, Kitchener- Waterloo, and York region), Winnipeg, Vancouver, and Kelowna to provide various health services for vulnerable populations, including smoke cessation, vaccinations (including influenza), primary health care needs, and harm reduction including sexual health testing and education, as well as Take Home Naloxone kit provision and training. Key learning outcomes will include a description of this model, data on One Health service uptake from Vancouver and Kelowna, lessons learned, and future goals for community nursing at these One Health clinics.



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## O1

### Reaching parents and care givers on-screen and online

Michelle Urbina-Beggs, Diana Grill

Fraser Health Authority, Maple Ridge, Canada

#### Abstract

Fraser Health's public health nurses reach every new mother and baby in the Fraser Health region, offering screening, health promotion and education, immunizations, follow-up and referral. We offer universal services to all mothers and babies (approximately 18,000 births each year), and enhanced services to individuals and families who would benefit in Public Health nursing support.

In an effort to redirect more of our staffing resources to our most vulnerable families, Population and Public Health has sought new ways to provide our universal services using online and digital channels. One of the solutions we have put in place is moving our early child development assessment online and offering health promotion through video format.

The Early Child Health Assessment is a checklist designed to help parents keep track of how their baby is developing. The checklist contains a series of questions on physical, social and emotional development based on the child's age, and offers links to evidence-based, practical information for parents. The checklists were launched in an online format that parents can access from anywhere. We also developed a set of videos on healthy child development to play in our health units during child immunization clinics, a setting where over 13,000 babies and their families come to see us each year. Through our online tools and videos, we are ensuring that health promotion messages get disseminated broadly, while our staff resources can be directed to in-person services for those individuals needing most support.



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## O2

### Evaluation of the children's sleep behavioral in the nursing consultation

Maria Vera Cardoso<sup>1</sup>, Gleícia Melo<sup>2</sup>, Tamires Viana<sup>1</sup>, Lusiana Oliveira<sup>3</sup>, Edcarla Oliveira<sup>1</sup>, Márcia Lopes<sup>1</sup>, Natália Oliveira<sup>1</sup>, Débora Oliveira<sup>1</sup>, Letícia Silva<sup>1</sup>, Keline Nobre<sup>1</sup>, Ana Paula Gondim<sup>1</sup>, Marta Maria Fonteles<sup>1</sup>, Paulo Arrais<sup>1</sup>, Alessandra Moura<sup>1</sup>

<sup>1</sup>Federal University of Ceará, Fortaleza, Brazil. <sup>2</sup>CENTEC, Fortaleza, Brazil. <sup>3</sup>Universidade Federal de Rio Grande- HU FURG, Rio Grande, Brazil

#### Abstract

Problems of child sleep behaviour are one of the concerns from parents, mainly in the first years of life. In this context, nurses can contribute to improve the quality of care performed to children including actions for health promotion. The objective is to describe the nursing care regarding child's sleep behavior during nursing consultation with children aged zero to two years assisted in an ambulatory pediatrics in the Brazilian Northeast. It is a retrospective study carried out in an ambulatory pediatrics of the Hospital complex at Federal University of Ceará, from 2014 to 2019. The data collect was made by nursing professor, pediatrics nurses, graduate and undergraduate students, which used collect forms like: historical nursing, Infants Sleep Questionnaire (ISQ) and booklet about child's sleep behaviour for parents. Data from historical nursing focus on the quality of child's sleep, bedtime sleep, night awakening, nutrition and sleep, breastfeeding and night awakening, naps, habitation conditions and socioeconomic aspects. The use of ISQ allowed identifying the child's sleep behaviour focusing on the settling problem, waking at night, sleeping difficulties, co-sleeping and bed-sharing. The booklet is used to improve parents' knowledge about children sleep considering the use of music to stimulate them to fall sleep, adequate position to sleep, illumination and noises in the bedtime, suitable sleeping clothes, sleep routine. It is observed that the nurse's role involves assessment of sleep behaviour allowing application of strategies for health promotion contributing to public policy in the context of community health.



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### 03

## Early neonatal mortality from preventable causes: analysis of component asphyxia/hypoxia in Brazil from 2007 to 2017

Alessandra Moura<sup>1</sup>, [Maria Vera Cardoso](#)<sup>1</sup>, Lorena Barbosa<sup>1</sup>, Paulo César Almeida<sup>2</sup>, Edcarla Oliveira<sup>1</sup>, Gleicia Melo<sup>3</sup>, Débora Oliveira<sup>1</sup>

<sup>1</sup>Federal University of Ceará, Fortaleza, Brazil. <sup>2</sup>University of State of Ceará, Fortaleza, Brazil. <sup>3</sup>CENTEC, Fortaleza, Brazil

### Abstract

Among the categories of early preventable neonatal death it is highlighted the component asphyxia/hypoxia for being directly related to health assistance. The nurse works directly on perinatal care with a responsibility to prevent and/or minimize consequences coming from asphyxia/hypoxia on newborn. It was aimed to analyze the component asphyxia/hypoxia on the early neonatal mortality indicator from preventable causes from 2007 to 2017 in Brazil. Retrospective study carried out in September and October/2019. It was used the Mortality Information System (SIM) and Information System on Live Births (Sinasc) from the Brazilian government. The outcome variable was early neonatal mortality and the independent variable was the component asphyxia/hypoxia. Eight preventable death causes were founded: fetus and newborn affected by complications of the placenta and membranes, placenta previa or placental abruption, umbilical cord affections, delivery complications, birth trauma, intrauterine hypoxia and birth asphyxia, neonatal aspiration syndrome and specific disorders of neonatal period. Despite the components presenting discreet decrease over the years, intrauterine hypoxia and birth asphyxia, as well as specific disorders of neonatal period, were the indicators with greater repercussion, in which the first had higher impact until 2013 and the second became the major cause since then. The nursing care must be connected with prevention of diseases and health promotion on birth complications, on the reanimation and neonatal assistance aiming the decrease of early preventable deaths.



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## O4

### Introduction of Food Management and Allergies in Children 0 - 5 Years Old

Robert Royston Jr, Adriana Grugel-Park, Francoise Filion  
McGill University, Montréal, Canada

#### Abstract

**Introduction:** The project, “Introduction of Food Management and Allergies in Children 0-5 Years Old” created by an undergraduate nursing team, is an updated version of “La liste des aliments” done by a child-care coordination office, serving daycares, on the Island of Montreal. To enhance the document, we sent a survey to the daycare educators to assess their methods of solid food introduction and food allergy management. The project supported the mission of our community organization partner, by ensuring the information was evidence-based and accurate, to help optimize nutritional health and wellness.

**Methods:** The Population Health Promotion Model was integrated to improve the social determinants of education and healthy child development. Strategies included developing personal skills, creating supportive environments, and the utilization of the social learning theory, in a PowerPoint presentation, to discuss the introduction to solid food in infancy and the development of food allergies in toddlers to the daycare educators.

**Results:** The results demonstrated that 100% of participants stated they can recognize allergic symptoms, 80% remembered two interventions for a severe allergic reaction, and 60% listed two allergic symptoms.

**Conclusion:** Objectives of evaluating and reviewing the current nutrition, intolerance and allergy guides were met. Our results displayed that updated, evidence-based information was well received by the daycare educators to make childcare-based decisions and that there is a need for recurring updates. This information supported the introduction of solid food and awareness of the early development of food allergies in small children.



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## O5

### Assessing evidence-informed decision-making competence in public health nursing practice

Emily Belita<sup>1</sup>, Jennifer Yost<sup>2</sup>, Janet Squires<sup>3</sup>, Rebecca Ganann<sup>1</sup>, Maureen Dobbins<sup>1</sup>

<sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>Villanova University, Villanova, USA. <sup>3</sup>University of Ottawa, Ottawa, Canada

#### Abstract

**Purpose:** The purpose of this research study is to develop and psychometrically test a measure to assess competence in evidence-informed decision-making (EIDM) among public health nurses.

**Methods:** Conceptual literature on EIDM and existing measures were used to develop items in the new EIDM competence tool. Eleven international experts in public health and/or EIDM assessed content validity through qualitative feedback and item relevance ratings. A content validity index was calculated for each item. Nine public health nurses assessed the proposed measure for comprehension and ease or difficulty of completion. The measure will be piloted in November to December 2019 across five Ontario health units using an estimated convenience sample of 400 nurses working in any role (frontline, Supervisor, policy analyst).

**Findings:** Item content validity index ratings ranged from low (0.64) to high (1.00). Modifications (item deletion, revision, additions) were made to the EIDM measure based on content validity index ratings and qualitative comments. Assessment of comprehension and ease/difficulty of completion resulted in minor wording revisions and addition of five new items related to use of critical appraisal tools. Psychometric data on acceptability (time to complete), reliability (Cronbach's alpha), and validity (internal structure, relationships to other variables) is forthcoming upon completion of the pilot phase.

**Practice implications:** The finalized EIDM competence measure can be used in practice to support frontline nurses and administrators in assessing the status of EIDM competence among individuals and within organizations. This can facilitate professional development activities to foster EIDM competence development.



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## O6

### Evidenced Informed Practice in 3rd Year Community Health Placement: A Successful Approach to Community Health Integration

Jacqueline Avanthay Strus<sup>1</sup>, Marie-Claude G. Simpson<sup>2</sup>, Brittany Labossière<sup>3</sup>

<sup>1</sup>Université de Saint-Boniface, Winnipeg, Canada. <sup>2</sup>Université de Saint-Boniface, Winnipeg, Canada.

<sup>3</sup>University de Saint-Boniface, Winnipeg, Canada

#### Abstract

**Issue/Focus:** Community health nursing education for undergraduate nursing students continues to be undervalued across Canadian nursing programs. An increased need for community health nurses emphasizes the importance of effectively integrating theory and evidence-informed practice in the curriculum, which maximizes students' practice readiness. By integrating core concepts of community health nursing within the first and second year, and incorporating a two-part adjunct community health course and practical placement, students' show increased capacity and desire to work in a non-hospital setting.

**Findings:** Students integrated evidence-informed practice in the community setting using practical approaches. This was demonstrated by the effective implementation of community health models in partnership with community agencies, such as the creation of teen birth control modules, a screening tool for socially isolated seniors, and a community-run food bank in a small rural town. These low-to-no cost sustainable community projects were developed and implemented by undergraduate students and continue to be used for the public by community partners.

**Conclusion:** Ensuring that core community health concepts are integrated throughout the curriculum together with the active engagement of nursing students in community projects, helps students be better prepared for community health nursing

**Standard/Key Messages:** In relation to Standard # 7, increasing capacity for student nurses to integrate theory and evidence-informed practice at the undergraduate level is crucial to be able to respond to the growing need for community health nurses.



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## 07

### Evaluating the Impact of the Knowledge Broker Mentoring Program on Evidence-Informed Decision Making

Maureen Dobbins<sup>1</sup>, Marla Steinberg<sup>2</sup>, Heather Husson<sup>1</sup>, Claire Howarth<sup>1</sup>

<sup>1</sup>National Collaborating Centre for Methods and Tools, Hamilton, Canada. <sup>2</sup>Marla Steinberg Consulting, Vancouver, Canada

#### Abstract

##### **Project focus:**

This presentation will explore the evaluation and impact of an innovative evidence-informed decision making (EIDM) capacity building program. After the presentation, attendees will understand the impact of the National Collaborating Centre for Methods and Tools' (NCCMT) Knowledge Broker (KB) Mentoring program as well as how it was evaluated.

##### **Background:**

The KB Mentoring program was developed and implemented to support individual and organizational EIDM capacity development. There have been two cohorts, each has been evaluated with a fundamental descriptive qualitative design.

##### **Methods:**

Each organization that participated in the program was invited to also participate in the evaluation. Evaluation participants included program participants, managers, and senior decision-makers. Telephone interviews were conducted using an interview guide, audio-taped, and transcribed. Data was analyzed using a general inductive approach.

##### **Results:**

Participants reported increased confidence, knowledge, skills, and connections. At the organizational level, the groups reported conducting rapid reviews, critically appraising evidence, and requiring evidence to be used in program planning decisions. Additionally, participating organizations have put in place ongoing supports to build EIDM capacity.

##### **Conclusions:**

Participants indicated the KB mentoring program was high quality and increased EIDM capacity and behaviour in their organizations. EIDM is important for community health nurses as it helps ensure that practice is evidence-informed and resources are being used efficiently. KB Mentoring is an impactful training program to advance practice and EIDM knowledge and skills of community health nurses.



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Additionally, the program was successful across health units of varying geographic areas, populations and levels of resources.

**Theme:** Building capacity



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## O9

### An Organization-wide Medication Reconciliation Initiative: Advocating for Home Care Clients

Janet Chan

VHA Home HealthCare, Toronto, Canada

#### Abstract

In 2018, the Canadian Institute for Health Information reported that 1.9 million Canadian seniors are chronically using at least one drug inappropriately. Inappropriate use can cause adverse reactions, resulting in hospitalization or secondary injuries such as falls. Recognizing that all home care clients can be at risk for inappropriate medication use and that not every home care client receives nursing service, the medication reconciliation process, previously only applied to nursing clients, is being expanded to clients receiving occupational therapy, physiotherapy, and/or personal support services.

Due to the nature of home care in Ontario, regulated health professions work independently, and home care clients often receive healthcare services from multiple home care agencies thus posing a challenge for interprofessional collaboration. Also, professional responsibilities outlined by colleges makes it challenging to include professions in organization initiatives if the profession does not feel that the scope of the project falls into their scope of practice. These barriers are addressed by using an interprofessional approach for seamless incorporation of the medication risk assessment tool into the workflow of a home care organization's rehab service providers.

From this presentation, learners will understand the community health nurse's role in interprofessional collaborations, identify strategies to get buy-in across disciplines, and compare strategies for implementing change. Community nurses will be able to apply the learnings from our experience to advocate for and influence change that benefit individuals in the community by involving interprofessionals in their own organizations.



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## O10

### How to Support Health Decision-Making of People with Intellectual Disabilities

Elise Matthews<sup>1</sup>, Marjaan Ahmed<sup>1</sup>, Connie Andersen<sup>2</sup>, Charlene Eger<sup>3</sup>, Jamie Ellis<sup>3</sup>, Alaina Harrison<sup>3</sup>, Mikayla McMechan<sup>2</sup>, Tina Millar<sup>3</sup>, Abby Phillips<sup>4</sup>, Brittany Sauve<sup>5</sup>, Shandrea Verboom<sup>3</sup>, Darren Wall<sup>3</sup>, Megan Wells<sup>2</sup>, Aiden Young<sup>2</sup>

<sup>1</sup>University of Regina, Saskatoon, Canada. <sup>2</sup>Inclusion Saskatchewan, Saskatoon, Canada. <sup>3</sup>Inclusion Saskatchewan, Regina, Canada. <sup>4</sup>University of Regina, Regina, Canada. <sup>5</sup>Inclusion Saskatchewan, Prince Albert, Canada

#### Abstract

Supported Decision-Making (SDM) is the process of supporting people to make their own health care decisions and exercise their autonomy and agency to achieve their wishes and goals. SDM is enabled by relationships between a person and their network of supports. The COVID-19 pandemic underscored the need for practical tools to facilitate SDM for individuals with intellectual disabilities, their supporters, and healthcare professionals. Inclusion Saskatchewan offers an SDM series designed for and by Self-Advocates. In this presentation, we will describe the creation and evaluation of the document, “My Health: How to Support My Decision Making.” Self-Advocates will share their motivations and experiences of designing this plain language document. Health profession students will describe the teachings they received from Self-Advocates. Disability service professionals and a nursing researcher will report on the collaborative evaluation process. The results of a survey of stakeholders identified how the “My Health” document can facilitate SDM among Self-Advocates, family advocates, disability service professionals, and health professionals. “My Health” is an accessible plain language tool that is useful for Community Health Nurses (CHNs) who work with people with intellectual disabilities and their supporters in family practice, home health, public health, and other health care settings. This presentation, lead by Self-Advocates, will help CHNs to prioritize a SDM approach in their partnerships with people with intellectual disabilities, and provide a tool to initiate discussions with those individuals and advocate for SDM with other CHNs and health care team members.



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## O11

### COURAGE: Action for Better Aging

Tazim Virani, Zannat Reza

SE Health, Markham, Canada

#### Abstract

COVID-19 has transformed our healthcare landscape and society. The pandemic shone a public light on important issues, perhaps most significantly our nation's efforts to support the health and wellbeing of older Canadians. It has raised public discourse about concepts at the heart of our society – community, solidarity, common good and our social responsibility to those most vulnerable. As Canada's elder population grows in coming decades and medical advances support longer life expectancies, there is an urgent need to create a better future for Canadians as we age.

“COURAGE: Action for Better Aging” is an initiative established to mobilize action to support a new vision for aging and to bring about system shift and transformation to improve the quality of life for older people. This project brings together research, thought leadership and experience to advance a collective vision of aging that promotes purpose, connection, health, and wellbeing and maintains independence, choice, and quality of life. Working in collaboration with a wide spectrum of stakeholders and decision-makers across Canada, this project focuses on system transformation and shifts required to support seniors in their homes and community as we age and when we access the health system. This oral presentation will focus on three objectives: 1) discuss the conceptual underpinnings of the initiative and methodology for the COURAGE project; 2) share highlights of the research to understand the landscape of innovation and models that support better aging; and 3) discuss how nurses at all levels can participate in this initiative.



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## O12

### The impact of structures and systems present in everyday home care nursing work on the nurse-patient relationship in northern British Columbia

Rebecca M. Stent<sup>1</sup>, Angela J. Thomson<sup>2</sup>, Caroline Sanders<sup>1</sup>, Erin Wilson<sup>1</sup>

<sup>1</sup>University of Northern British Columbia, Prince George, Canada. <sup>2</sup>Patient Partner, Prince George, Canada

#### Abstract

The purpose of this thesis project was to develop a comprehensive description, exploring how structures and systems in everyday home care nursing (HCN) work impacted nurse-patient relationships from the perspectives of patients.

This study drew from an institutional ethnographic methodology, incorporating patient-oriented research approaches. Semi-structured interviews were conducted, and publicly available texts were reviewed. Data analysis included discussions with a patient partner, ensuring patient perspectives were highlighted.

Seven patients and two patient-caregiver dyads were interviewed, with care needs including wound care, palliative care, catheter care, and health maintenance. While descriptions of both quality of care and nurse-patient relationships were largely positive, discrepancies were noted relating to continuity of providers and level of comfort patients felt expressing concerns. Further explorations highlighted how HCNs and patients came to know one another and to be known, and the impacts this had on overall experiences of receiving HCN services.

Increased demand for HCN services may lead to time constraints, limitations on length and frequency of visits, and decreased continuity in terms of being seen by the same HCN(s) on a regular basis. However, patients who described feeling known may be less impacted by these systemic constraints. Participants in this study who felt known by their HCNs and satisfied with both the time and continuity of their care shared ways in which HCNs, patients, and caregivers actively engaged in knowing and being known, while providing or receiving care in a timely and efficient way.



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## O13

### Raising Student Nurses in Remote First Nations Communities<sup>1</sup>

Victoria Dick<sup>1</sup>, Kate Moynihan<sup>1</sup>, Jenn Spurr<sup>1</sup>, Heather McAnsh<sup>1</sup>, Joanna Fraser<sup>1</sup>, Evelyn Voyageur<sup>1</sup>, Heidi Deagle<sup>1</sup>, Kristen Young<sup>2</sup>, Patricia. R. Woods<sup>3</sup>

<sup>1</sup>North Island College, Comox, Canada. <sup>2</sup>Huu-ay-aht First Nations, Huu-ay-aht, Canada. <sup>3</sup>Vancouver Island University, Nanaimo, Canada

#### Abstract

This Collaborative Inquiry project explores the benefits, challenges and opportunities of early immersion learning experiences (field schools) for 1st year Bachelor of Science in Nursing (BSN) students in remote First Nations communities. Since 2007, North Island College has partnered with Wuikinuxv and Dzawada'enuxw Nations to offer field schools for 4<sup>th</sup> year BSN students in these remote communities. Building on the relationships and experiences of those field schools, we partnered with two remote Nuuchahnulth communities, Huu-ay-aht and Kyuquot to introduce a new experience suitable for 1st year BSN students. Guided by Indigenous research methodology, our inquiry team (consisting of First Nations community leaders, BSN students and nursing faculty) has collaboratively planned, implemented and evaluated two early immersion experiences in May of 2019. Our findings confirm that students who participate gain deeper understandings of their own cultural locations, appreciation for different worldviews and a desire to address structural inequities and racism in their practice as nurses. Indigenous community members report changes in their attitudes towards health care providers, and specifically increased trust levels in nurses, which promotes advocacy when experiences of racism in the healthcare system occur. North Island College's nursing curriculum has become increasingly inclusive of Indigenous ways of knowing and learning throughout the program, largely due to the partnerships and understandings that have been created through these immersion learning experiences. Immersion learning experiences have the power to decolonize education, reduce racism and increase health equity, and can be applied to many nursing contexts and settings.



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## O14

### Urban Indigenous mothers' experiences with postnatal nursing care in southern Alberta: A Blackfoot methodology

Chloe Crosschild

University of Lethbridge, Lethbridge, Canada

#### Abstract

This is a study of Indigenous maternal child health in colonial Canada. The central tasks of this study were to determine how urban Indigenous mothers' experiences with postnatal nursing care shaped their relationship with urban health services; and, how urban Indigenous mothers engaged in daily acts of resurgence in colonial spaces. Specifically, this study engaged with the stories and lived experiences of seven Blackfoot mothers with postnatal nursing care in Southern Alberta. This thesis focused on identifying gaps in maternal child health for urban Indigenous mothers and recommended strategies to close the gaps in health outcomes between Indigenous and non-Indigenous women while engaging an Indigenous research methodology in the context of promoting decolonial approaches in nursing research. Overall, Blackfoot mothers described negative experiences with postnatal nursing care that they agreed was due to the colonial underpinnings of the Canadian health care system. This study has shown that the perceived standardized "neutral" health care system does not produce "neutral" spaces and has not been safe for the participating Blackfoot mothers. These findings have implications for nursing research and practice that has the potential to support the improvement of Indigenous maternal child health. This study also affords the opportunity for nurses to reflect on colonial common sense within the health care system and in their own nursing practice.



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## O15

### Sick Individuals or Sick Populations? The Role of Individual and Structural Racism As Determinants of Health in Canada

Aliyah Dosani

Mount Royal University, Calgary, Canada

#### Abstract

On December 17, 2018, The Canadian Public Health Association published a position statement on Racism and Public Health. “The Canadian Public Health Association (CPHA) recognizes that we are all either overtly or inadvertently racist and that the influence of this racism affects the health of individuals and populations.” While much literature over the last decade has provided the needed evidence to build the case for racism as a determinant of health and a public health issue in Canada, various institutions and agencies have been slow to respond to the various levels of racism that exist, including, individual racism and structural/systemic racism. Examples of both individual and structural racism will be discussed. Examples of health outcomes as evidence of systemic racism before, and during the COVID-19 pandemic will be highlighted. Furthermore, in this presentation, I will discuss and highlight the pathways that lead to structural racism including examples of organizational regulations, policies, processes, and practices that result in systemic racism. Various opportunities to engage in different forms of anti-racism and anti-oppression work will be outlined, including the importance of including race-based data in surveillance systems and how we might collect disaggregated data based on race at the national level. Finally, community health nurses will come away with tangible next steps regarding how to improve their anti-racism and anti-oppressive nursing practice as it aligns with the Health Equity Standard of Practice.



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## O16

### Tackling Health Inequalities through Public Policy Action: Insights from Canadian Policy Academics, Activists, and Advocates

Arnel Borras

York University, Toronto, Canada

#### Abstract

Despite numerous public policy proposals and interventions to address health inequalities, this societal problem persists. This research addresses how and why class, race, and gender health inequalities persist in Canada and how such differences can be reduced. First, I performed a literature review using existing document data focusing on pluralism, discursive institutionalism, and critical political economy approach to health. Then I conducted a thematic analysis of interview data gathered from 23 semi-structured interviews with Canadian policy academics, activists, and advocates to address the research questions.

The findings demonstrated that health inequalities in Canada are primarily caused by the capitalist economic system; co-constitutives of capitalism, namely colonialism, racism, and sexism; and maldistributive public policies. Health inequalities are further sustained by power, interest, and ideology trumping evidence-based research and policy ideas; unequal wealth and power among competing interests and advocacy groups; the dominance of business and corporate sector in health politics and public policymaking; neoliberal governing authorities; and fragmented and weak labour unions, civil society groups, and social movements.

Health inequalities reduction in Canada required pushing for redistributive public policies around the social determinants of health; uniting and strengthening labour unions, civil society groups, and social movements; and engaging electoral politics. The core strategies to realize health equity goals are the ensemble of information, education, advocacy, organization, and mobilization. Community health nursing should consider and integrate the aforementioned causes, factors, and means of responding to health inequalities in their research, practice, and social actions to achieve health justice.



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**O17**

## Medication Safety in the Home Care Setting: Getting to the Roots of Errors

Karen Curry

VON Canada, Halifax, Canada

### Abstract

Medication Management is about 50% of practice for nurses working in the home care setting. The purpose of this presentation will be to share the process of developing tools for practice to support medication safety. In our home care agency as part of quality improvement, data from events reports indicated that medication related risk events were increasing in frequency and level of harm to clients. To address this practice risk a number of tools were developed to enhance the Medication Practice policy for the organization. At present the home care agency uses paper based charts in the home. One of the root causes for medication errors was not following the steps in nursing process to ensure the medication rights are in place. As well transcription error was a frequent root cause. The medication administration record forms were updated to include a signed verification of the transcription and the physician/ NP order form was update to reflect and cue who obtained the order and confirmation of order process. In total 7 safety strategies were introduced to support client safety and nursing practice. Education was provided by webinar and recorded sessions were offered. Educators and Nurse managers at sites were provided tools to track # of med events prior to implementation of the new tools and post implementation I will share the journey of this work and preliminary evaluation data, and sample of tools developed, and strategies we used to address this practice issue.



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## O18

### Mental injury and the impact of psychological hazards in the workplace for community health nurses.

Adriane Gear<sup>1</sup>, Maura MacPhee<sup>2</sup>, Sharon Sponton<sup>1</sup>, Tarya Morel<sup>1</sup>

<sup>1</sup>BC Nurses' Union, Burnaby, Canada. <sup>2</sup>University of British Columbia, Vancouver, Canada

#### Abstract

The purpose of this project is to assess rates of mental injuries in community health nurses in BC, and to examine relationships between those injuries and psychological hazards in the workplace. Researchers from the BC Nurses' Union (BCNU) and the University of British Columbia (UBC) collaborated to survey BCNU nurse members (Licensed Practical Nurses, Registered Nurses, and Registered Psychiatric Nurses) in the fall of 2019. The mental injuries assessed in this study are post-traumatic stress disorder (PTSS-14), anxiety (GAD-7), and depression (PHQ-9), and psychological hazards in the workplace are measured using the Guarding Minds at Work questionnaire and additional questions about experiences of violence at work.

The presentation will address how results of the study will be used in advocacy efforts to inform health policy for community nurses in BC. Key learning outcomes for this session include 1) understanding the prevalence of mental injury for community nurses in BC, 2) understanding associations between mental injuries and workplace psychological hazards in the workplace, and 3) understanding how this information can be applied to inform future policy. This presentation falls under theme 8, "Professional Responsibility and Accountability" as it speaks to nursing issues that affect the profession, addresses factors which might hinder the delivery of quality care, and relates to the effective use of community health nursing resources (CHNC, 2019).



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## O19

### Parents know best: A homecare organization's journey to implement a patient-centred, evidenced-based pain assessment tool for non-verbal paediatric patients

Matthew Wong

VHA Home Healthcare, Toronto, Canada

#### Abstract

Non-verbal, medically-complex children face challenges in timely identification and management of their pain, leading to prolonged suffering. Although standardized pain assessment tools exist, many are designed for neuro-typical children who often present with common sets of behaviors. The purpose of this project was to identify a psychometrically-valid pain assessment tool from evidence-based literature for implementation across nurses working with this population.

Nurses caring for these patients expressed needing support to identify non-verbal pain. The organization implemented both the Individualized Numeric Rating Scale (INRS) to identify behaviors at different pain levels and an accompanying patient-customizable management flowsheet. Parents of medically-complex children co-designed the intervention, as research suggested the value they bring to easily identifying their child's unique discomfort or deviation from an established baseline. A multi-pronged education plan was created that included an eModule and an interprofessional, caregiver-led case scenario activity. Positive feedback identified the INRS as an opportunity to improve communication regarding pain assessment/management among the interprofessional team.

At any given moment, a child receiving homecare may be visited by multiple nurses and allied-health professionals. The adoption of the INRS and a pain management plan can be a simple way to engage parents as experts while providing nurses with a tangible tool to manage non-verbal pain in this sector.

Key learning outcomes include: (1) introduction to an evidenced-based, paediatric non-verbal pain assessment tool; (2) highlighting benefits of co-designing with patient partners; and (3) strategies to facilitate knowledge translation and uptake of evidenced-based tools in the home care sector.



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## O20

### Clinical Practice Resource: A virtual team approach to support safe community nursing practice at SE Health

Charlie Byer, Mike Cote, Tellese Williams  
SE Health, Markham, Canada

#### Abstract

Community Health Nurses face many challenges delivering care independently to clients with increasing degrees of complexity within a wide range of specialized areas. Providing clinical education and support for safe, quality, evidence-based care in the variety of nursing practice settings within the community is challenging. In response to the need for clinical support for nurses in the community, SE Health created a new clinical support structure: The Clinical Practice Resource Team (CPRT). In 2013, this virtual team was launched to provide just in time support for nurses, coordinators, and leadership team members across Canada by phone or email.

Utilizing this model, CPRT provides accessible support for clinical assessment and decision-making, advisement on policy and procedure, access to resources, intake review for clients with specialized care needs, independent double checks on medication and collaboration with the advanced practice team. Community health nurses receive support in their practice environments that enhances client safety, promotes evidence-based practice and supports collaboration.

#### Key learning outcomes:

Identify challenges in CHN that impact client safety

Learn about SE Health's Virtual CPRT and its impact on Community Health Nursing practice

Gain insight into our virtual care model

Discuss how this model may be the future of Community Health Nursing



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## O21

### Using Video Logs for Reflection: An Innovative Educational Strategy to Help Community Health Nursing Students Reflect on Interprofessional Collaboration

Patricia King

College of Nursing University of Saskatchewan, Saskatoon, Canada

#### Abstract

**Project purpose:** Nursing within school communities provides us with constant interprofessional challenges and opportunities. The Safe School Health Improvement Project (Safe SHIP) is a community-based partnership between the College of Nursing at the University of Saskatchewan and the Greater Saskatoon Catholic Schools. The program has been operational since 2002 and utilizes a model of practice that is inclusive of relational practice within health education and promotion, advocacy, media production, and policy development.

**Findings:** Interprofessional practice is an area of significant personal and professional growth for nursing students in community health. Within the school-based clinical learning experience, collaboration and professional relationships in community challenge nursing students to utilize Standard 4 & 8 of the community health standards of practice and interprofessional competencies proactively. Collaboratively, nursing students work with others to establish professional and therapeutic relationships while navigating key interprofessional competencies such as team functioning, interprofessional communication, conflict resolution, patient/client/family/community-centered care, and collaborative leadership.

**Key learning outcomes:** Nothing is more powerful than a good story. This educational innovation uses a video log that enables nursing students to reflect on their interprofessional collaborations and their standards of practice in professional relationships. Students record their insights on their interprofessional work, and they look reflectively on their practice and developing skillset in a community setting. A video log is a tool that students can use to share their stories, gain insights on their knowledge, skills, judgment, and attitudes.



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## O23

### More Than Meets the Eye: Nursing Students' Reflection of An Innovative Community Health Nursing Clinical Placement

Jeremy Chapdelaine, Carla Ferreira, Aygul Aslan, Jessie Elliott, Cally Guan, Nayab Khan, Kyle Neufeld,  
Twyla Ens, Jennifer Jackson  
University of Calgary, Calgary, Canada

#### Abstract

Choosing to enter the profession of nursing is often associated with the desire to help people. Nursing students understand that to help individuals means to treat an illness and help restore physical health. Upon graduation, nursing students' choice of workplace mimics the national healthcare workforce wherein a majority (73% in 2020) will go on to work in hospitals or nursing homes/long-term care facilities<sup>1</sup>.

In a large western Canadian university, nursing students have early exposure to community health nursing practice. They are introduced to different approaches to providing care and are challenged to explore the role of the nurse outside of traditional practice settings. Through innovative clinical placements, such as one that blends community health nursing and nursing research together, nursing students are offered rich learning experiences where they are given opportunities to develop knowledge, skills, and attitudes that are foundational to their evolving understanding and practice of nursing<sup>2</sup>. More importantly, they are given the chance to see nursing care from a harm reduction lens and recognize the intersections among the social determinants of health.

In this presentation, second year nursing students will share their **reflections on nursing practice**. They will provide insights on the experience of completing a community health nursing clinical placement that brings together aspects of nursing practice, education, and research.



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## O24

### Understanding and Addressing the Harm from Legal Substances: What Community Health Nurses Need to Know

Gerald Thomas

BC Ministry of health, Victoria, Canada

#### Abstract

The recent legalization of cannabis provides an excellent occasion to review the harm and costs of legal substances (alcohol, cannabis and tobacco/nicotine/vaping) and consider what community health nurses can do to help reduce the massive health burden associated with these commercial products. This presentation will provide a comparison of the use patterns, health harm and social costs associated with each of these legal substances, and review variations in the social context and current regulatory regimes applied to them with a view toward assessing overall coherency. The presentation will finish by reviewing the evidence of effective approaches for reducing the harm from legal substances, and a brief discussion of what community health nurses might do to reduce health harm and costs including raising awareness of the emerging approach known as the "commercial determinants of health."



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## O25

### Implementing a standardized tool for providing interventions to clients who use substances

Jenna Richards

Toronto, Toronto, Canada

#### Abstract

Ontario is facing a opioid overdose crisis. Toronto Public Health is reporting an 81% increase in opioid overdose related deaths in the last year (Toronto Public Health, 2021, November 29). While interventions that focus on naloxone and harm reduction have been shown to reduce harms related to substance use (Magwood et al., 2020), community health clinicians may have varied understanding of the fragmented resources available in the community, and what resources are most appropriate to provide to clients.

In this quality improvement project, a standardized tool was created to guide clinician decision making regarding interventions to provide to clients who use substances, with an emphasis on harm reduction. The tool may help connect clients who use substances with the most appropriate resources and information. The project took place with two interprofessional community mental health teams that reside in Inner City Toronto. Pre and post survey results among staff will be analyzed, including how often clinicians are using the tool and connecting clients with resources. As well, qualitative feedback on the tool will be solicited from clinicians. This tool could be individualized to the unique communities across Canada, and used by community nurses and clinicians with varied knowledge and experience working with people who use substances.

Key learning outcomes of this project, in the theme Reflecting on Nursing Practice, include summarizing harm reduction, and understanding how to use the tool and the related outcomes to advance nursing practice. As well, how to apply the tool to the unique communities across Canada.



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## O26

### (Re)Defining Nursing Philosophies of Care in Consumption and Treatment Services

Erin Telegdi<sup>1</sup>, Jessica Arteaga<sup>2</sup>

<sup>1</sup>Moss Park Consumption and Treatment Service, South Riverdale Community Health Centre, Toronto, Canada. <sup>2</sup>keepSIX Consumption and Treatment Service, South Riverdale Community Health Centre, Toronto, Canada

#### Abstract

Supervised Consumption Services (SCS)/Consumption and Treatment Services (CTS) represent a new area of health care provision in Ontario. Nurses are the primary Registered Health Professionals in these settings.

As SCS/CTS programs continue to expand, there is an increasing need for nurses in Harm Reduction to critically reflect on their philosophies of care, build their practice capacity, and advocate for systems change that will result in competent, compassionate, and collaborative health care for People Who Use Drugs (PWUD). Further, it is imperative that nurses in SCS/CTS organize their practice to reflect the values of Harm Reduction, as developed by and for PWUD.

In 2020, the author received funding from the Registered Nurses Association of Ontario to complete an Advanced Clinical Practice Fellowship. The goal of this fellowship was to explore and enhance nursing practice at South Riverdale Community Health Center's (SRCHC) two CTS sites, with outcomes that can be externalized to other SCS/CTS in Ontario.

This oral presentation will describe one of the major outcomes of this Fellowship, which was the collaborative work of SRCHC's CTS nursing teams to develop a specific and coherent Philosophy of Care in CTS Nursing. This Philosophy of Care acknowledges and addresses the ongoing health care system failures and systematized violence that continue to exclude PWUDs from receiving competent and high-quality care, and is grounded in dismantling the medical model of substance use and building in its place a community of care that radically resists the medicalization of PWUD.



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**O27**

## Using the 2019 CHN Standards to Unite and Ground Theory and Practice in Nursing Education: The Educators' Narrative

Valini Geer, Michelle Jubin

York University, Toronto, Canada

### Abstract

The Professor and the Clinical Instructor are synchronous educational roles in York University's undergraduate community health nursing (CHN) course. In these intertwined roles, the Professor presents and expounds the theoretical underpinnings of CHN practice, and the Clinical Instructor facilitates the application of CHN concepts during seminar discussions and practicum experiences. As Professor and Clinical Instructor dialogue about learner progress and share their experiential narratives of educational practice, a strong collaborative relationship emerges. In this collaboration, the experiences of learners as novice practitioners in CHN is articulated and explored. The educators discuss how to support learners initial struggle with comprehending the diverse roles of the CHN and the multiple settings in which they practice. Centrally featured in the experiential narratives of professor and clinical instructor is the use of the 2019 CHN standards to assist the learner's navigation of "What do CHN's do? And "How do CHN's practice?"

In this presentation, educators' narratives will be shared with conference attendees to explore the following objectives: (1) Key strategies for collaboration: The Professor's and Clinical Instructor's experience of collaboration as educators; (2) Undergraduate educational practice: Educator's experiences of using the CHN Standards as a strategy for novice learners to create, map and exemplify quality CHN practices; (3) Future Recommendations in CHN education: Using the CHN Standards to unite theory, practice and professional development in CHN.



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**O28**

## Everything Old is New Again: Our Updated CHNC Standards of Practice Anticipated in 1893

Deva-Marie Beck<sup>1</sup>, Cheryl van Daalen-Smith<sup>2</sup>, Poonam Sharma<sup>3</sup>

<sup>1</sup>Nightingale Institute for Global Health, Gatineau, Canada. <sup>2</sup>York University, Toronto, Canada. <sup>3</sup>Peel Health, Mississauga, Canada

### Abstract

While we are rightfully proud of our updated Standards of Practice and Professional Practice Model, it is also illuminating to learn that Florence Nightingale anticipated these in her essay ‘Sick-Nursing & Health-Nursing.’ Requested by Queen Victoria to be included in a ‘Woman’s Mission’ anthology in 1893 — this essay illustrates a comprehensive review of Nightingale’s insights regarding the necessity of population health, health equity and CHNing.

Relevant to our ‘Health Promotion,’ and ‘Prevention and Health Protection’ standards, she remarked that “health nursing is to keep or put the constitution of the healthy child or human being in such a state as to have no disease.” Nightingale lamented on the grave necessity for evidence to support nursing’s work, thus reflecting our newest standard of evidence-informed practice.

Noting how community ‘District Nursing’ had “gained immeasurably in importance” during the span of her career, Nightingale anticipated our complexly-layered Professional Practice Model stating “health is not only to be well, but to use well *every power* we have.” Nightingale publicly called upon all levels of government to achieve the necessary goal of health for all, thus reflecting our commitment to health equity through intersectoral collaboration.

Looking forward, even into our time, Nightingale’s envisaged role of nurses to be strong advocates was evident when she said, “In the future, which I shall not see... may a better way be opened! May the methods by which *every human being*, will have the best chance of health be learned and practiced!”

Everything old is new again!



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## O29

### Canadian Nurse Educators Responding to Climate Driven Infectious Diseases

Ruth Schofield<sup>1</sup>, [Andrea Chircop](#)<sup>2</sup>, [Cynthia Baker](#)<sup>3</sup>

<sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>Dalhousie University, Halifax, Canada. <sup>3</sup>Canadian Association of Schools of Nursing, Ottawa, Canada

#### Abstract

Evidence indicates that trends in climate change in Canada will continue and contribute to increasing risk of climate driven infectious diseases. Nurses have an important role to play in addressing health challenges related to climate change. The International Council of Nurses has called upon the profession to participate in actions to mitigate the impact of climate change, and in particular, to address its effects on populations with a greater vulnerability to diseases. In response, the Canadian Association of Nurses (CASN) has obtained funding from the Public Health Agency of Canada to develop guidelines for nurse educators to build capacity of new graduates to respond to climate driven infectious diseases. The purpose of our presentation is to present the new guidelines for nurse educators in response to climate driven infectious diseases.

CASN's process for developing a comprehensive set of national, consensus-based, evidence-informed education guidelines will be presented. The final guidelines and the accompanying open-access e-resource, encompassing a series of online learning modules with teaching and learning tools will also be shared.

The overall goal of this project is to support graduates entering the workforce with relevant, evidence-informed knowledge in the areas of health promotion, adaptation and disease prevention, to effectively engage in climate change activities and support individuals, families, and communities affected by, or at risk of being affected by climate-driven vector-borne infectious disease.

Participant learning outcomes:

Understand the evidence-informed process we used to develop national guidelines for nurse educators

Appreciate the new and ready-to-use educational guidelines and related e-resources



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## O30

### Microcephaly associated with Zika virus in a city of Northeast of Brazil from 2015 to 2017

Maria Vera Cardoso, Daisyanne Santos, Fernando Daniel Mayorga, Natanael Rodrigues, Francisco Everson Costa  
Federal University of Ceará, Fortaleza, Brazil

#### Abstract

The relation of Zika virus and microcephaly presents itself as an important problem of public health. It was aimed to describe the sociodemographic mother's profile of children with microcephaly associated with Zika virus. Ecologic descriptive study, which sociodemographic variables were extracted from Record of Public Health Events (RESP), Information System on Live Births (Sinasc), Mortality Information System (SIM) and Demographic Census of 2010 in Brazil. It was analyzed data from 53 mothers of children confirmed with microcephaly by Zika in the period of 2015 and 2017, on Ceará, Brazil. Data collected and analyzed from September/2018 to January/2019. Results showed that 26 (49%) mothers were up to 24 years old, 34 (64%) declared brown race, 23 (43,9%) attended high school, 21 (39,6%) single and 29 (54,7%) unemployed at the moment of the child's birth. Regarding dwelling, most of these women resided inside or next to areas of precarious settlements, with high risks of epidemic of arboviroses and low Human Development Index. It is concluded that the mothers' profile showed that the epidemic was not equanimous and reached preferably women of disadvantaged social strata, being infected by Zika and consequently, the Zika cases, related to the socioeconomic scenery, suffering influence from life and dwelling conditions. The data described can provide subsidies for the planning of effective actions to guarantee public policies, promotion and surveillance in health, besides improving the tracking of growth and development of children with microcephaly, being the nurse an active professional in health promotion.



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## O31

### Community Face Shield Initiative: Leveraging a Design Thinking Approach

Suzanne Braithwaite<sup>1,2</sup>, Jeremy Braithwaite<sup>1</sup>

<sup>1</sup>Loyalist College, Belleville, Canada. <sup>2</sup>Queen's University, Kingston, Canada

#### Abstract

#### Learning outcomes

Participants will be able to describe the design thinking approach, apply this approach to an example, and analyze how design thinking can be leveraged to address community health nursing needs.

#### Issue

In March 2020, the Canadian health system was experiencing shortages in personal protective equipment. Locally, our community hospitals, long term care homes, and community agencies were unable to secure the face shields required to protect health care workers and community members. Health care organizations needed a face shield that could be manufactured quickly, with the materials available, at a reasonable price.

#### Methods

We utilized a “design thinking” approach to address the identified need for face shields. We implemented the process which included inspiration, empathy, ideation, implementation, and prototyping. We approached face shield users and decision makers to better understand their needs. Ideation involved convergent and divergent thinking and pattern finding to translate ideas into solutions. Throughout the design thinking process, the community health nursing standards of practice informed our practices. In particular, standards five and seven were integral to the development of this initiative.

#### Conclusions

We developed a face shield that could be produced by community volunteers, using limited resources. The final product could be manufactured in under two minutes, cost under \$1 in materials, and met infection control requirements. The product was user friendly, and more than 17 000 face shields were produced within three weeks. Design thinking is a strategical process that can be used by nurses to develop and support community health initiatives.



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**O33**

## Reproductive Rainbow: Exploring Fertility Intentions and Family Planning Experiences Among the LGBTQ2S Community

Kerry Marshall, Wanda Martin

University of Saskatchewan, Saskatoon, Canada

### Abstract

When accessing health care, members of the lesbian, gay, bisexual, transgender, queer, and two-spirit (LGBTQ2S) community report not feeling comfortable discussing their health concerns and identify receiving care that is not specific to their needs. In areas of care that are highly gender-specific – such as family planning and fertility intentions – access to care can be challenging for the LGBTQ2S community. In my master’s thesis, through use of case study methodology, arts-based research, and an intersectionality framework, I aim to explore how to best support fertility intentions and family planning for individuals within the LGBTQ2S community. Representation of multiple CHN themes occur within this research, the most pertinent being health equity. As nurses, we work with patients from many different communities and understand the importance of advocating and empowering for vulnerable and marginalized patients. Key learning outcomes include reflecting on the role gender-normative bias plays within our own practice, understanding the importance of acknowledging the specific health needs of the LGBTQ2S community and encouraging discussion on how we, as nurses, can improve health care access and outcomes for the LGBTQ2S community. There is a lack of representation of the LGBTQ2S community in research, therefore, further inclusion and exploration in all health care areas is imperative. The information obtained from this research can enable nurses to build capacity when working with LGBTQ2S patients in a multitude of gendered settings. Additionally, this patient-oriented community-focused research can contribute to future research relating to the understanding of LGBTQ2S needs within the health care system.



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**O35**

## Bridging the gap between two world views: Perspectives of an Indigenous Nurse

Lianne Mantla-Look

Hotii ts'eeda, Yellowknife, Canada

### Abstract

My career as a registered nurse has been dedicated to bridging the gap between traditional and western medicine. I have worked as a Community Health Nurse in my home community of Behchokò, Northwest Territories. This experience was the highlight of my career because I felt like I was making a difference as an Indigenous nurse who is fluent in my native tongue and working in my home community. Community members appreciated that they didn't have to explain their reasons for seeking medical care via an interpreter. I've interpreted for patients from my region, helping their diagnoses make sense within an Indigenous, community-based worldview.

When I was diagnosed with cancer, I had to take a step back and behave like a patient which was extremely difficult to do. This personal story puts my journey into context, and illustrates the connections between traditional and western medicine.

These experiences highlight the need for health care professionals to come from and be rooted in Indigenous and community contexts, and call for a two-eyed seeing approach to community health. The concept of two-eyed seeing aligns strongly with the foundational tenet of the Tłıchq people – that Tłıchq people must be strong like two people, able to function in both the Tłıchq world and the mainstream Canadian world.



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## O36

### Project S.L.E.E.P. a nursing health promotion initiative with Indigenous elementary school children

Marc-Andy Joseph, Jenny Phan, Brianna Rose, Samantha Wiesenfeld, Françoise Filion  
McGill University, Montreal, Canada

#### Abstract

**Introduction:** The McGill Nursing Undergraduate team implemented a sleep hygiene project in collaboration with the Kateri Primary School and the Kahnawà:ke Education Center (KEC). The KEC's mission to provide a quality education to children in Kahnawà:ke by focusing on individual student needs and providing a culturally relevant curriculum was integrated into the project, "SLEEP & Repeat." Students in 5th/6th grade were observed while in school, and ideas were then discussed with faculty.

**Methods:** This project is based on three models: Population Health Promotion Model (PHPM), First Nations Holistic Lifelong Learning Model (FNHLLM), and Mohawk Medicine Wheel. By using personal skills and creating supportive environments, it addresses determinants of health (DoHs) such as education, Indigenous status, and child development. While the FNHLLM emphasizes personal growth and community impact (CCL CCA, 2007), the Medicine Wheel emphasizes balance, interdependence, and holistic health (Cargo et al., 2007).

**Results:** Based on 54 responses, 85% of students were able to recall most of the SLEEP mnemonic, 81% of students felt they learned something about the benefits of sleep, 76% of students were able to identify how sleep deprivation affects them at school, and 70% of students expressed they understand how sleep impacts their relationships.

**Conclusion:** All outcome objectives have been met, and the results indicate that the current information is well received. In this study, sleep hygiene education was emphasized, and better sleep habits were encouraged. The workbook for grade 5/6 students included all products and additional resources and encouraged others to share them.



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**037**

## Health Inequities and Moral Distress Among Community Health Nurses During the COVID-19 Pandemic

Cathy Baxter<sup>1</sup>, Ruth Schofield<sup>2</sup>, Mary-Ann Taylor<sup>3</sup>, Joan Reiter<sup>4</sup>, Genevieve Currie<sup>5</sup>, Morag Granger<sup>6</sup>, Claire Bekter<sup>7</sup>, May Tao<sup>8</sup>, Patti Gauley<sup>9</sup>, Francoise Filion<sup>10</sup>, Kerrienne Thompson<sup>11</sup>, Danielle MacDonald<sup>7</sup>  
<sup>1</sup>Brandon University, Brandon, Canada. <sup>2</sup>McMaster University, Hamilton, Canada. <sup>3</sup>Coastal Community of Care, Vancouver, Canada. <sup>4</sup>Indigenous Services Canada, Kamloops, Canada. <sup>5</sup>Mount Royal, Calgary, Canada. <sup>6</sup>Saskatchewan Ministry of Health, Regina, Canada. <sup>7</sup>National Collaborating Centre for Determinants of Health, Antigonish, Canada. <sup>8</sup>Toronto Public Health, Toronto, Canada. <sup>9</sup>Eastern Ontario Health Unit, Cornwall, Canada. <sup>10</sup>McGill University, Montreal, Canada. <sup>11</sup>Durham Public Health, Oshawa, Canada

### Abstract

During the COVID 19 pandemic, community health nurses (CHNs) experienced moral distress from witnessing significant health inequities with people in situations of marginalization. A national survey to explore how health inequities among client populations contributed to moral distress experienced by CHNs during the pandemic was conducted by the Community Health Nurses of Canada (CHNC) Leadership Standing Committee, in collaboration with the National Collaborating Centre for the Determinants of Health, and Brandon University, Department of Nursing. A total of 245 participants completed the survey, and the responses revealed a high level of moral distress amongst community health nurses. This presentation of findings will discuss constraints, health inequities, moral conflicts and compounding factors that contributed to moral distress. Potential solutions will be highlighted. The goal is to explore how health inequities among client populations contribute to moral distress among community health nurses in Canada during the COVID-19 pandemic and to identify potential solutions. The learning outcomes are: describe the impact of the COVID-19 Pandemic on the level of moral distress experienced by community health nurses in Canada; discuss how health inequities with people in situations of marginalization contributed to moral distress amongst community health nurses in Canada; and identify solutions that community health nurses can enact to address health inequities during and after the COVID-19 pandemic.



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**O38**

## Cultivate Compassion: Self Kindness Counts

Maria James-Shier

Ontario Health Northumberland, Whitby, Canada

### Abstract

What are the secrets to cultivating a compassionate way of being that can boost resiliency and make life easier and more enjoyable?

The Compassion Counts survey set out to explore the best life hacks from caregivers across Canada, Central America, China, the United Kingdom and the United States. Many of us ask ourselves, How do I stay strong during times of such unprecedented change and uncertainty?

We asked 100 caring professionals what they are grateful for and appreciate most in life. How do we recognize when we are running on empty? What lifts us during tough times? How to evade overwhelm? Essentially, what strategies can we, as nurses and caring global citizens, share to continue to bring our best selves during these uncertain times?

In this beautiful, inspiring and evocative work, we are invited to pause and open ourselves to inquiry: What sustains us? How do we remain centered and compassionate during challenging times? Reflections and lived experience provide insights to lighten our journey by making small changes, which are possible even when we are just one small part of this complexity of care.

This conversation invites us to recognize the strengths and resources that we already possess, and provides inspiration to integrate a host of new wellness strategies. Open the door to possibility; honour yourself by accepting an invitation to adopt one simple approach per day or perhaps take a deeper dive to raise your resiliency bench strength. You will be grateful that you did.



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**O39**

## Advocating for Increased Safe Injection Sites: Role of the Nursing Profession

Sarah Moore<sup>1</sup>, Christine Walsh<sup>2</sup>

<sup>1</sup>Western University, London, Canada. <sup>2</sup>University of Calgary, Calgary, Canada

### Abstract

The nursing profession in Canada has a vital role in advocating for increased implementation of safe injection sites (SIS) due to the increased morbidity and mortality associated with opioid use. Harm reduction approaches like SIS, have proven to decrease drug overdoses, infectious diseases, and healthcare burden. Common arguments in opposition of the implementation of SIS including economic burden, community safety, and promotion of drug use are refuted in this paper. It is the nursing professional's ethical responsibility to advocate for better health care for all members of society. We conclude that it is the nurse's duty to provide care for marginalized groups of people and advocate for increased implementation of SIS in Canada.



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**O40**

## The Perceptions and Experiences of Public Health Nurses (PHNs) with Advocacy: An Interpretive Description

Samantha Johnson

York University, Toronto, Canada

### Abstract

The purpose of this study is to explore PHNs' perceptions and experiences with advocacy as a PhD program focus. The work of PHNs with individuals, families and communities can involve complex situations and require advocacy to improve the outcomes of vulnerable populations and marginalized communities. As a PHN, practicing colleagues frequently express stories of moral distress borne out of wanting to do more for clients, while experiencing systemic barriers. Perceptions of a lack of organizational support, depleted resources or incongruence with clients' needs and program goals are a few factors that have been highlighted as barriers to practice. Nurses have been leaders in advocating for communities facing limited access to health services, poverty, communicable diseases, undignified housing and many other social determinants of health for centuries. In the midst of competing accountabilities, such as program expectations, organizational/systemic changes, and provincial legislations, it can be difficult to maintain one's identity as a nurse and engage in advocacy at multiple strata of practice. Advocacy as a central component of public health nursing practice is a significant phenomenon of interest which requires further investigation. The research question is: What are the perceptions and experiences of PHNs' practicing in Ontario of advocacy? Interview participants included 32 currently practicing PHNs, former PHNs and PHNs in formal leadership positions for this study with an interpretive description design. The scope of this research is exploratory and foundational in response to the identified lack of literature in relation to public health nursing and advocacy.



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## O41

### How Newfoundland and Labrador's Eastern Health Public Health Nursing Program maintained priority programming while responding to the COVID-19 pandemic.

Amy Murphy, Cynthia Cadigan

Eastern Health, St. John's, Canada

#### Abstract

Public Health Nursing in Newfoundland and Labrador (NL) offers a wide variety of services throughout the lifespan. Utilizing a case management model strengthens connections and fosters valuable relationships between Public Health Nurses (PHNs), families and communities in NL. Historically high immunization rates in the province can be viewed as a testament to this partnership.

The emergence of the COVID-19 pandemic and related initiatives forced a temporary shift for services in NL's Eastern Health Authority (EH). Pandemic related demands on Public Health Nursing resources created a need for innovative leadership strategies, while ensuring the continuation of priority programs. Reimagining PHN teams became necessary; with St. John's and area moving from smaller, geographically-based teams to one larger, integrated team. Establishing strong leadership, creating client-centered processes and ongoing communication was key to success.

To enhance communication amongst staff, program leadership implemented daily meetings through the use of virtual platforms. Referral assignment to the larger PHN team was completed rotationally, using a client centered approach. PHNs remained a client's case manager regardless of geographical address. Shifting from typical method of communication and work distribution enabled EH's Public Health Nursing Program to accommodate incidental leave, as well as the reassignment of staff to COVID-19 Immunization initiatives.

The adaptability shown by EH's Public Health Nursing program allowed for a broader response to pandemic efforts, while maintaining priority services. This ability to pivot was instrumental in the achievement of the highest immunization rates both provincially and nationally.



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## O42

### Reflecting on COVID19 and identifying solutions for resilience

Cheryl Cusack

University of Manitoba, Winnipeg, Canada

#### Abstract

This survey aimed to understand the impact of the COVID-19 pandemic on nurse's professional practice. A mixed methods survey was distributed to members of the Association of Regulated Nurses of Manitoba, which included licensed practical nurses, registered psychiatric nurses, registered nurses and nurse practitioners. These nurses were from urban, rural, and remote Manitoba.

The survey questions asked the nurses to rank their level of agreement regarding the pandemic response, using a 5 point scale that ranged from strongly disagree to strongly agree. The survey also included open an open text box, for nurses to include any additional comments they wished to provide. The survey link was circulated using the Survey Monkey platform in Nov 2021 and open for one week. There were 1206 nurses who completed the survey, representing close to a 12% response rate among Association members. The data was analyzed using both qualitative and quantitative methods. Findings highlight nurses' perceptions of the negative impacts to their practice resulting from COVID and the dire consequences to structurally disadvantaged clients. Nurses also highlighted solutions for a post-pandemic recovery. Recruitment and retention are essential, but most importantly the practice expertise of nurses must be valued by decision-makers to improve population health outcomes.



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## O43

### Introducing New Vaccines in Community Health Settings: A Practical Implementation Tool

Tara Mann, Patrice Wright

Ottawa Public Health, Ottawa, Canada

#### Abstract

On December 14th, 2020, the first COVID-19 vaccines were administered to residents of long-term care homes in Canada. This began the largest vaccination effort in Canadian history. Between December 9, 2020, and March 1, 2022, seven COVID-19 vaccines have been authorized in Canada and six vaccines are currently under review either as a new vaccine or for use as a booster in additional age groups.

The expedited authorization and distribution of COVID-19 vaccines presented significant challenges to local Public Health organizations who led the effort in implementing mass vaccination clinics and supporting community partners.

In Ottawa, approximately two million doses were administered to residents in community health settings, between December 14, 2020, and March 1, 2022. The Quality Assurance Team at Ottawa Public Health developed a New Vaccine Implementation Tool based on reflective practice from the COVID-19 vaccination rollout to date.

Cumulative key learnings from the authors' reflective practice were used to create the New Vaccine Implementation Tool. This tool provides a consistent and comprehensive approach from Health Canada authorization to the client's immunization experience that can be applied in a variety of community health settings. Key components of the New Vaccine Implementation Tool include engaging and consulting key stakeholders, medical directive development, knowledge translation, communication planning and educating frontline staff.

Participants will learn about the reflective practice activities the Quality Assurance team completed that informed key learnings. The main components of the New Vaccine Implementation Tool will be shared in detail.



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## O44

### Lessons learned from a covid-19 prevention campaign via social media to reach black Canadians.

Christelle Esso

Family Advancement Association, Edmonton, Canada

#### Abstract

In 2020, available data indicated that Black Canadians were potentially at higher risk for worse health outcomes during the Covid-19 pandemic associated with specific determinants of health such as their health status, immigration status, economic status, social support networks, and living conditions. To mitigate the perceived risk and impact of covid-19 in Black Canadian communities in Alberta, a not-for-profit organization led a community outreach and education campaign via selected social media platforms. To execute this project, a set of processes, strategies and tools were implemented to develop and distribute credible and culturally relevant digital resources. More specifically, several educational and fun video clips featuring a black nurse were produced and aimed at addressing covid-19 stereotypes in various Black Canadian community contexts. From this presentation, community health nurses would acquire practical strategies and considerations to implement an online health communication campaign for racialized and minority groups in the Canadian context.



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## O45

### UnEarthing knowledge we always had: the importance of the earliest years of life to Indigenous children and families

Heather Downie<sup>1</sup>, Charlene Rattlesnake<sup>1</sup>, Melissa Tremblay<sup>2</sup>, Chloe Ferguson<sup>3</sup>

<sup>1</sup>Maskwacis Health Services, Maskwacis, Canada. <sup>2</sup>University of Alberta, Edmonton, Canada. <sup>3</sup>Martin Family Initiative, Montreal, Canada

#### Abstract

For Indigenous people in Canada, it is well documented how the effects of colonisation and systemic underfunding of essential services have led to substantially poorer health and educational outcomes, substandard housing, high unemployment and large numbers of Indigenous children in care. What is not so readily found in the literature is how existing Indigenous ways of knowing and cultural practices remain under-utilized but serve as a strong foundation for Indigenous healing to take place. Families and their communities remain the core location to foster healthy child development, promote cultural identity and achieve improved long-term health and well being outcomes. Together with the Martin Family Initiative (MFI), Maskwacis Health Services has implemented an early years program that brings together community expertise and leadership across community health, education and social services domains to develop, implement and evaluate a program that supports Indigenous women and families beginning prenatally.

The proposed presentation will focus on the process of developing a community-based initiative that centralises Indigenous knowledge and cultural values in the context of community health and child wellbeing. It will address the necessity of Indigenous led transformation of preventative health services rather than piecemeal adaptation to traditional delivery models. The presentation will also address the challenges in working across community health and social service domains, and the relationship driven trust building engagement process necessary to effectively implement and measure a family and community strengthening initiative such as The Early Years.



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**O47**

## Vaccine hesitancy in BC: Understanding COVID-19 vaccine perceptions during pregnancy

Karyann Dorn, Marie Tarrant, Elizabeth Keys, Stephanie Masina  
University of British Columbia, Kelowna, Canada

### Abstract

Vaccination is our most effective option to prevent hospitalization and mortality from COVID-19. Unfortunately, pregnant people, a population particularly vulnerable to Covid-19, have received conflicting information from public health officials on vaccine safety and have been the recipients of misinformation through online social media. The purpose of this research study is to describe the perceptions of pregnant people toward the COVID-19 vaccine, particularly the major health beliefs pregnant individuals hold around COVID-19 vaccine hesitancy. Data was collected from 25 pregnant participants from British Columbia using the qualitative descriptive method and a semi-structured interview guide. This was analyzed using the health belief model, a framework that helps determine an individual's willingness to engage in preventative health measures. In this study, we focused on the pregnant individual's perceptions of susceptibility to and severity of COVID-19, the perceived benefits of and barriers to vaccination, and how cues to action and self-efficacy affected vaccine decision making. Results show that pregnant participants view getting the vaccine "a very hard decision," citing their biggest fear as the "effects to the unborn baby." They do recognize their susceptibility to COVID-19, although they do not consistently perceive disease severity represented in public health messaging. The research conducted addressed determinants of health during pregnancy. A major deciding factor reported by participants was a health practitioner who took time to validate their concerns and was invested and did not laugh at their fears. The learning outcome contributes to perinatal and maternal nurses to further research on vaccine hesitancy.



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## O48

### Exploring the experiences of homelessness and food insecurity during the COVID-19 pandemic among pregnant and postpartum people in Toronto, Ontario

Barbara Chyzy

Ryerson University, Toronto, Canada

#### Abstract

**Background:** Pregnant and postpartum people experiencing homelessness and food insecurity are among the most vulnerable during the COVID-19 pandemic. A major problem facing this maternal population in Toronto, Ontario is that, as their status changes during the perinatal period (from pregnancy to parenting), often they are forced to move within the shelter system because most shelters draw distinctions between being pregnant and having children. The purpose of this study was to understand the experiences of this vulnerable maternal population as they navigated their perinatal care, the shelter system and access to food during the COVID-19 pandemic to learn what services worked well and what could be improved.

**Methods:** Guided by the social-ecological model, this qualitative study used interpretive description to analyze interviews with 25 pregnant or parenting people in Toronto, Canada during the COVID-19 pandemic.

**Results:** Mean age of participants was 27 years. Almost 70% of participants were born outside of Canada and almost 1/3 had not completed high school. Over half of the participants experienced both homelessness and food insecurity for more than 6 months during the pandemic. Participants moved between 1-7 times over the course of 8 months during the pandemic. Qualitative results revealed that pregnant and parenting people facing homelessness and food insecurity faced multiple issues including fleeing from abuse, inadequate access to prenatal and postpartum care, and extreme social isolation.

**Implications:** Policy and practice recommendations are currently being developed based on the results of this study. Recommendations will be shared with participants at the CHNC conference



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## O51

### The Community Nursing Clinic Network: Advancing Education, Research and Service in a university nursing program.

Francoise Filion, Marchand Hugo, Molly Korab  
McGill University, Montreal, Canada

#### Abstract

The three essential mandates of our university's nursing school are Education, Research, and Service. In 2017, McGill's Ingram School of Nursing operationalized these three mandates with the opening of a nurse-led clinic housed within a homelessness services organization. This clinic has seen over 90 student community health rotations and 1800 consultations with 168 patients since its inception. A seed grant in 2018-2019 allowed for research exploring the application of CNHC's 2011 Standards of Practice within the clinic. The success of this clinic attracted funding to expand the project into five new nursing clinics, thus becoming the Community Nursing Clinic Network (CNCN).

The CNCN will expand community service opportunities for students with 100 new practicum positions per year. The CNCN will also enable an additional 2,350 health services consultations for populations experiencing inequities in Montreal, within five homelessness services organizations, two of which serving exclusively Indigenous populations. In particular, the latter arrangement allows for student learning and practice of cultural humility and cultural safety under the supervision of an Indigenous nurse. Through this expansion, the CNCN will continue to advance and operationalize Education, Research, and Service while further strengthening academic-community partnerships.

Learning outcomes: Participants will understand how the three mandates of a university school of nursing can be applied and integrated in a CNCN. Participants will be able to discuss how this model can be integrated into their academic endeavors and be able to envision the benefits of practicums embedded in community organizations working with different underserved populations.



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## O52

### Reimagining Preparation of Future Nursing Graduates for Community Practice: Experiential Learning in Community-based Student-infused Health Programs

Daniel Nagel, Jamie Penner

University of Manitoba, Winnipeg, Canada

#### Abstract

Prior to the COVID pandemic there had been an erosion of community-focused content in nursing curricula across Canada due to the primacy of acute care sector needs, government expectations to produce nursing graduates, and nursing regulatory and academic bodies who set and approve curricula content. Yet much of what nursing graduates need to learn does not need to be within acute care venues – clinical judgment, communication skills, chronic disease management, interprofessional collaborative practice, social determinants of health and many other competencies can be acquired in community settings. With a shrinking nursing workforce, an already competitive drive for clinical placement spots exacerbated by expansions of nursing programs, and a realization with COVID that community health services need to be more robust, it is an opportune time to consider alternative education models for nursing.

Starting with a vision for a student-infused community health centre, we undertook a robust program of exploration over the Summer of 2021 to lay the foundation to support development of an innovative model of experiential education and interprofessional collaboration that would involve nursing students. Working with a multidisciplinary team of faculty and students, we conducted: 1) a concept analysis and a scoping review to understand how student-run initiatives in community were conceptualized; 2) an environmental scan specific to Canada on student-run initiatives; and 3) mapped competencies required of health profession graduates across regulatory bodies in Manitoba. In this session we present a model and evidence for a community-based student-infused health programs that nursing programs might consider.



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## O54

### The critical roles and impact of public health nurses during COVID-19

Emily Belita<sup>1</sup>, Susan M. Jack<sup>1</sup>, Heather Lokko<sup>2</sup>, Maureen Dobbins<sup>1,3</sup>

<sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>Middlesex-London Health Unit, London, Canada. <sup>3</sup>National Collaborating Centre for Methods and Tools, Hamilton, Canada

#### Abstract

Existing literature is limited on the functions, impact, and working environment of public health nurses (PHNs) during the COVID-19 pandemic. The purpose of this study is to understand the context, roles, and impact of PHNs during the COVID-19 pandemic in Ontario. This study aligns with the theme of 'Reflecting on Nursing Practice – COVID response.'

In this multiple-case study, purposive and snowball sampling is being used to recruit frontline PHNs and nursing administrators in Ontario public health units across three geographic settings: urban, urban-rural, northern. Data are being collected using a demographic survey, individual semi-structured interviews, and focus groups. Data will be analyzed using reflexive thematic analysis and cross-case synthesis to compare patterns across geographic cases.

To date, 41 individual PHN interviews have been conducted. This purposeful sample is uniquely positioned to reflect on the pandemic's impact on practice given the mean years of nursing experience (M=17 years) and specifically in public health (M=13). Almost all PHNs (93%) were redeployed from their base position to other diverse roles in case and contact management, outbreak management, vaccination clinics, rapid testing, COVID-19 call centres and on school teams. Recruitment and data analysis is ongoing and is projected to be completed by April 2022.

Study findings will provide a deeper understanding about the roles PHNs assumed throughout the COVID-19 pandemic, barriers and facilitators to their work, and their impact on clients. Study data can support public health funding and resource decision-making and guide implementation of organizational supports for PHNs during public health crises.



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## O55

### Exploring the role of the nurse in opioid use disorder treatment: A focused ethnographic study

Amie Kerber, Tam Truong Donnelly, Aniela Dela Cruz, Candace Lind  
University of Calgary, Calgary, Canada

#### Abstract

Opioid use disorder (OUD) affects people across the continuum of life, in all geographic locations, irrespective of gender, age, nationality and socioeconomic status. From January to March 2021, 1792 opioid toxicity deaths occurred in Canada. As front-line healthcare professionals, nurses make substantial contributions toward prevention, treatment and management of OUD. However, little research has been conducted regarding the role and impact of the nurses working in these unique practice settings. Using focused ethnography, the purpose of this qualitative study was to explore the understanding of the role, and impact of the nurse, working in OUD treatment. Individual in-depth interviews were conducted with ten registered nurses who worked across the spectrum of OUD treatment, including supervised consumption services, inpatient addiction consult services, and community opioid agonist therapy (OAT) clinics. Analysis of the qualitative data revealed six primary themes to better understand the role and impact of the nurse: (a) the art of addiction nursing, (b) direct patient care, (c) indirect patient care, (d) the shared experience of stigma, (e) perceived barriers, and (f) looking to the (uncertain) future. The findings from this study can provide a more comprehensive look at how nurses can be utilized to their full scope of practice across a variety of OUD treatment settings. Key learning outcomes include an understanding of the complexity of care required by clients experiencing OUD, how harm reduction principles permeate all aspects of the nurse role, and the importance of expansion of services for OUD treatment.



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## O56

### Exploring Opportunities to Advance Community Health through Parish Nursing Practice: A Discussion of Scoping Review Findings

Elsie Miller<sup>1</sup>, Andrea Fisher<sup>2</sup>, Jeanne Lambert<sup>3</sup>, Kathryn Pfaff<sup>4</sup>

<sup>1</sup>St Peter's Seminary, London, Canada. <sup>2</sup>Nurse On Board, Ottawa, Canada. <sup>3</sup>CAPNM, Bishop's Mills, Canada. <sup>4</sup>Faculty of Nursing University of Windsor, Windsor, Canada

#### Abstract

Parish nursing is a specialized branch of professional nursing that promotes wholistic health and healing by intentionally integrating body, mind, and spirit as a practice model. Although parish nurses (PNs) contribute to the Canadian nursing workforce, evidence about their roles and impacts on individual and community health had not been rigorously evaluated before the recent scoping review of the PN research. To advance PN practice and research, we completed a review to explore, critically appraise, and synthesize the PN research literature for its breadth and gaps.

In this presentation we reflect upon PN practice, describing the findings within the context of PN practice roles, role implementation, and research that evaluates PN health promotion programs. The review highlights the significant roles of PNs in facilitating spiritual care, providing wholistic nursing care, and health promotion. It suggests a gap in understanding how PNs engage in spiritual care and advocacy and how they apply ethics and evidence-informed decision-making in their practice. It recognizes the opportunities for PNs to expand their influence of promoting wholistic health by sharing their skills in providing spiritual care and advocating for broad interventions to strengthen favourable outcomes of the social and environmental determinants of health. Key learning outcomes of the presentation are (1) an understanding of PN practice, (2) awareness of opportunities to facilitate wholistic health in practice, and (3) awareness of opportunities to collaborate with community partners in integrating PN and community health programs, interventions, and/or research.



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**O57**

## Screening for adverse events in children with mental disorders in community mental health services in Brazil.

Ana Paula Gondim<sup>1</sup>, Nívia Pessoa<sup>1</sup>, Ana Cristina Soares<sup>2</sup>, Andréa Da Silva<sup>1</sup>, Cinthia Cavalcante<sup>1</sup>, Felipe De Paiva<sup>1</sup>, Sandna Dos Santos<sup>1</sup>, Érina Belém<sup>1</sup>, Marinara Freire<sup>1</sup>, Marciane Tavares<sup>1</sup>, Marta Maria Fonteles<sup>1</sup>, Paulo Sérgio Arrais<sup>1</sup>, Maria Vera Cardoso<sup>1</sup>

<sup>1</sup>Federal University of Ceará, Fortaleza, Brazil. <sup>2</sup>State University Vale do Acaraú, Sobral, Brazil

### Abstract

In 2017, the World Health Organization started the third Global Summit on Patient Safety on drug safety, in which we highlight the use of psychotropic drugs and their consequences as adverse events in children. The use and development of trigger tools to identify adverse events is widespread in adult inpatients. In children with mental disorders who start treatment in community mental health services the literature is quite incipient about tracking adverse events in this context. This study analyzes the triggers related to adverse events in children who use psychotropic uses in community mental health services in the Public Health System (SUS) in Brazil, through the Global Trigger tool for tracking adverse events in child mental health medicines. This is a descriptive and retrospective study of 27 child patients treated in 2017 at the child psychosocial care centers in Fortaleza, Ceará, Brazil. Children under 12 years of age were identified, all of whom were using risperidone, the diagnostic hypothesis (global developmental disorders and autism spectrum disorder) and the triggers for possible adverse events were behavioral changes such as aggression and agitation. Finally, the study points to a collaborative work of the multidisciplinary team as a nursing and pharmacist, as well as to deepen the study of these triggers for the development of more appropriate educational practices for health promotion related to safety.



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## O58

### Levels of satisfaction of people living with HIV on telephone interventions

Francisco José de Almeida Neto<sup>1</sup>, Odaleia de Oliveira Farias<sup>1</sup>, Marli Teresinha Gimenez Galvão<sup>1</sup>, Eduardo Rodrigues Mota<sup>1</sup>, Ivana Cristina Vieira de Lima<sup>2</sup>, Samyla Citó Pedrosa<sup>1</sup>, Ana Karoline Bastos Costa<sup>1</sup>, Gilmara Holanda da Cunha<sup>1</sup>

<sup>1</sup>Federal University of Ceara, Fortaleza, Brazil. <sup>2</sup>State University of Ceara, Fortaleza, Brazil

#### Abstract

Among people living with HIV (PLHIV), mobile phone technologies are highly effective in improving adherence to antiretroviral therapy and other health needs. However, the incorporation of health technologies would benefit from taking in account users assessment. This study seeks to analyze the levels of satisfaction of PLHIV on telephone interventions, comparing messages to phone calls. This is a cross-sectional, quantitative study, part of a clinical trial that tested the effectiveness of telephone interventions on the health promoting of PLHIV. It was carried out from July 2016 to January 2019 in two health units reference in care for PLHIV, in Fortaleza, Brazil. 126 participants answered the Automated Telephone Disease Management Satisfaction Scale. Data were compiled using Microsoft Excel software and transferred for analysis using Statistical Package Social Science software. Participants were most men, single, non-heterosexuals, 25 to 49 years old, with 12 years or more of education and employed. 100% of the individuals that received phone calls were satisfied compared to 97.5% of the participants of the message group. Regardless of the strategy type, messaging or calling, telephone interventions in health care are highly accepted by PLHIV. Given the observation of users satisfaction, Information and Communication Technologies using telephone may be an affective resource to be incorporated in health care in order to increase health promotion in PLHIV.



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**O59**

## A critical ethnography of outreach nursing for homeless people.

Etienne Paradis-Gagné<sup>1</sup>, Pierre Pariseau-Legault<sup>2</sup>

<sup>1</sup>Université du Québec à Trois-Rivières, Trois-Rivières, Canada. <sup>2</sup>Université du Québec en Outaouais, Saint-Jérôme, Canada

### Abstract

In Canada and several countries, there is a growing increase in homelessness and social inequalities. According to the literature, homeless people are at risk of various mental and physical health problems. Although these individuals have very complex health needs, they face many barriers to accessing health care and social services. In order to respond to this major problem, various approaches have been developed, including outreach nursing, a community-based practice adapted to the realities of homeless people. In order to study this nontraditional nursing practice, which remains poorly documented in the literature, we conducted a qualitative research. Critical ethnography was used as the methodological approach in this research. Semi-structured interviews were conducted with twelve (12) nurses from Québec and Ontario who provide health care to homeless people. Robert Castel's work on disaffiliation and social vulnerability has been used as the theoretical framework. Castel, a French author, is part of the critical social theory movement. As part of this presentation, the results of this qualitative study will be discussed. The clinical and ethical issues associated with outreach nursing will also be addressed. This research is relevant in order to disseminate meaningful nursing interventions adapted to homeless populations.



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## O60

### Creating Safe Relational Space: A Constructivist Grounded Theory of How Public Health Nurses Work with Mothering Refugee Women

Shahin Kassam

University of Victoria, Victoria, Canada

#### Abstract

##### Background

Public health nurses promote the health of complex populations within varying community contexts. However minimal inquiry has focused on the processes public health nurses use in providing care to these populations. Women who are refugees and mothering are one such rapidly growing yet underrepresented group who often enter the Canadian health system through public health nurses.

##### Aim of the study

This study aimed to explore how public health nurses provided community-based care to women who are refugees and mothering.

##### Methods

Constructivist grounded theory was employed using intersectionality as an analytical tool. Twelve public health nurses from four public health units in British Columbia participated in this study. Data collection and analysis were informed by intersectionality and occurred concurrently using constant comparison methods.

##### Results

Participants in this study described an overall process of creating safe relational space to address a basic social problem of establishing trust while managing structural forces. This overarching process was expressed through burning with passion, connecting while looking beyond, protecting from re-traumatization, and fostering independence.

##### Conclusions and implications

This study adds to an emerging body of knowledge on public health nurses work with complex populations. Findings reveal strategies public health nurses used to enhance health equity. Intersectionality is innovatively demonstrated as an effective approach to analyzing attention to how gender, race, culture and migration are impacted by ever-changing sociopolitical priorities. Implications include health leaders needing to structurally address moral ambiguity experienced by public health



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nurses. Trauma-and-violence-informed principles need structural integration to promote informed and flexible practice.



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## O61

### Developing capacity for Evidence-Informed Decision Making (EIDM) within public health organizations

Maureen Dobbins, Heather Husson, Claire Howarth

National Collaborating Centre for Methods and Tools, Hamilton, Canada

#### Abstract

#### Project focus:

This project explores the National Collaborating Centre for Methods and Tools' (NCCMT) approach to supporting public health practitioners to advance their evidence-informed decision making (EIDM) practice. At the NCCMT, we believe that every Canadian deserves to live their best life. This is why we share best available evidence, deploy tools, and provide training and mentoring on what works in public health. Attendees will learn about the NCCMT's philosophy and tailored approach to training and mentoring.

#### Methods:

The NCCMT's training and mentoring approach has evolved over time. This approach involves cultivating long-term relationships and providing concurrent training and mentoring to senior and middle managers, as well as front line practitioners.

#### Results:

The NCCMT's training and mentoring program includes an organizational assessment, group interactive learning, completion of rapid reviews and long-term mentoring. Several public health organizations have completed this program with most requesting additional training and mentoring. There were individual and organizational impacts including increased knowledge and confidence, as well as new organizational structures, processes and mechanisms for EIDM.

#### Conclusions:

Through this training and mentoring program, the NCCMT strengthens public health in Canada with an overall goal of improving the health of all Canadians. This can be used in community health nursing to build knowledge and skills of community health nurses to engage in EIDM as well as an effective knowledge translation strategy. For nurses in various settings and contexts, the NCCMT is a one-stop-shop for easily accessible resources build capacity and knowledge.

**Theme:** Capacity building



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## O63

### Health Promotion, Collaboration, Innovation: A Unique Education Delivery Method for Community Health Nursing Clinical Practicum

Andrea Rochon<sup>1</sup>, Keri McGuire-Trahan<sup>2</sup>, Aldona Nowak<sup>2</sup>, Chantal Belanger<sup>2</sup>, Alison George<sup>2</sup>, Elizabeth Hopkins<sup>2</sup>, Randi-Lynn Jones<sup>2</sup>, Amber Nelson<sup>2</sup>, Shannon Quennell<sup>2</sup>, Le-Anne Ryan<sup>2</sup>, Sadie Sattan<sup>2</sup>, Lana Stevenson<sup>2</sup>, Eva Stewart-Bindernagle<sup>2</sup>, Kelly Stitt<sup>2</sup>, Amy Sworik<sup>2</sup>

<sup>1</sup>Nipissing University, Kingston, Canada. <sup>2</sup>Nipissing University, North Bay, Canada

#### Abstract

##### Purpose

Nipissing University's online RPN to BScN Blended Learning Program includes a 12-week clinical course focused on 'Nursing Communities and Populations'. Clinical instructors support student learning locally or from a distance using multiple learning modalities including teleconference, videoconference, online discussion and in-person meetings. Discussion topics include the social determinants of health, standards of practice, and current issues in community health.

Students partner with local organizations to conduct a collaborative community assessment. They establish relationships, collect primary and secondary data, and identify community gaps and needs, and subsequent actions. Students prioritize actions and develop, implement and evaluate sustainable **health promotion** projects.

##### Findings

The community setting is often unfamiliar for students, with the majority of their past clinical practicums, and work experience, occurring in the hospital setting. As clinical instructors, our role is to facilitate their learning in a unique environment. As the students learn about community/population health, they are enthusiastic, engaged and eager. This practicum provides students with the opportunity to collaborate with peers, communities, and organizations to develop sustainable projects that positively impact the health of the population. This provides students with 'real-world' experience to prepare them for future practice in community health. During the final week of the semester, the students prepare poster presentations to showcase their work to their peers and clinical instructors across the province.

##### Conclusions

Strengths and challenges of the course format and delivery modalities will be discussed. Examples of student projects will be provided to highlight the innovative work they continue to generate.



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## O64

### Building Social Connectedness in a Rural Community: A MicroResearch Project

Debbie Brennick, Audrey Walsh, Claudette Taylor, Jill MacMullen

Cape Breton University, Sydney, Canada

#### Abstract

MicroResearch Nova Scotia is an initiative that provides research education to community members living in a rural community who are interested in enhancing the health of their community. Central Cape Breton, a rural community was interested and agreed to become part of a research team to create a research project based on the needs of the community. Also on the team were two nursing researchers from Cape Breton University (CBU). The team attended a two-week workshop (October, 2018) and together created a research purpose and goal for the community. The intent of the project was to determine why members of a once vibrant community no longer participated in community events. The community was concerned about the lack of engagement and disconnection, of especially, the older and the younger community members. They understood the importance of being active and engaged in their community for physiological and psychological health. As part of the workshop the team had to create a rough draft of their research project and present it to a pre-selected group of community leaders. All community members were invited to attend. The research project was finessed and in January 2019, the team submitted the project for funding. They were awarded \$3000.00 (the highest amount available). The team conducted five community focus groups (Sept to Nov 2019) within their catchment area and are just beginning to conduct thematic analysis. Surveys have been developed and will be sent to 388 residences in rural Cape Breton. Ethics approval was received from CBU.



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## O65

### Advancing Public Health Nursing Practice: A NEW National PHN Postgraduate Program

Ruth Schofield<sup>1</sup>, Andrea Chircop<sup>2</sup>, Genevieve Currie<sup>3</sup>, Sylvane Filice<sup>4</sup>, David Groulx<sup>5</sup>, Shona Lalonde<sup>6</sup>, Dawn Mercer Riselli<sup>7</sup>, Daina Mueller<sup>8</sup>, Susan Tam<sup>9</sup>, May Tao<sup>10</sup>, Tanya Spencer Cameron<sup>11</sup>

<sup>1</sup>Mohawk College, Hamilton, Canada. <sup>2</sup>Dalhousie University, Halifax, Canada. <sup>3</sup>Mount Royal University, Calgary, Canada. <sup>4</sup>Lakehead University, Thunder Bay, Canada. <sup>5</sup>Sudbury District Public Health, Sudbury, Canada. <sup>6</sup>Camosun College, Victoria, Canada. <sup>7</sup>Athabasca University, Athabasca, Canada. <sup>8</sup>McMaster, Hamilton, Canada. <sup>9</sup>Ryerson University, Toronto, Canada. <sup>10</sup>Toronto Public Health, Toronto, Canada. <sup>11</sup>Northern College of Applied Arts and Technology, South Porcupine, Canada

#### Abstract

There has been an erosion of community and public health theory and practice education in undergraduate nursing programs in Canada. This erosion has undermined a readiness for graduate nurses to practice in public health nursing contributing to a diminished capacity to understand and address the intersectionality of the social and ecological determinants of health and how systemic racism is embedded in colonial and Eurocentric structures and practices of superiority. Through nursing leadership and collaboration with the Community Health Nurses of Canada (CHNC), Ontario Association of Public Health Nurses Leaders (OPHNL), Community Health Nurses' Initiatives Group (CHNIG) of Ontario, and several PHNs in practice and education, the past four years has seen the development of the PHN Postgraduate program certificate. In November 2021, the Ontario Ministry of Colleges and University approved the national online postgraduate program at Mohawk College. As leaders in public health nursing education, the mission of this program is to advance innovative and competent public health nursing practice in Canada. The program will strengthen preparation in public health nursing practice to build the capacity of new graduates and new hires in Public Health to promote health and reduce inequities to address DOH. This presentation will provide insight into the development and implications of public health nursing practice. The learning outcomes are to: explain the history and contextual factors contributing to the existence of the PHN Postgraduate Program, discuss the vision, mission, program outcomes, philosophy, and curriculum plan, and outline future implications to practice, research, and education.



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## O66

### Designing and Implementing a General Orientation Program for Community Health Nurses at the CIUSSS West-Central in Montreal, Quebec

Anna Tazian

CIUSSS West Central Montreal, Montreal, Canada

#### Abstract

The general purpose of this orientation program was to reestablish the role of the community health nurses in Quebec. The specific purpose was to redefine the role and increase the visibility of the community health nurses in our institution.

Most current unit level orientation programs in our institution and across Quebec, address mainly clinical skills and sometimes include institutional values and strategic plans. There is a lack of solid guidelines and standards relevant to the general role of the community health nurse as compared to other provinces. Moreover, the development of this role is often overshadowed by a dominant medical approach in health care, where a lot of the emphasis goes to curative services. In fact, although the standards of community health nursing practice and community health nursing associations are eminently present in other Canadian provinces, Quebec has remained relatively stagnant in this aspect.

Identified by the order of the nurses in Quebec, emphasized through the pandemic, and recent events underlining systemic racism in the health care system, there was a clear need to include the revision of important concepts in community health including; health disparities, vulnerable populations, the social determinants of health, social justice, and cultural safety, professional autonomy and capacity building among others.

The implementation process included, identification of needs, literature review and preparation of topics, creation of capsules and videos as a mode of diffusion of information. It is an ongoing process and the post implementation results and conclusions will be compiled in April and May.



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**O67**

## Sharing the “know-how” expertise of public health nurses in home visiting: A framework for practice guidance development and dissemination

Elizabeth Orr<sup>1</sup>, Karen Campbell<sup>2</sup>, Sonya Strohm<sup>3</sup>, Susan Jack<sup>3</sup>

<sup>1</sup>Brock University, St. Catharines, Canada. <sup>2</sup>Western University, London, Canada. <sup>3</sup>McMaster University, Hamilton, Canada

### Abstract

During the COVID-19 pandemic, public health nurses delivering the visiting and outreach activities integral to the Healthy Babies Healthy Children (HBHC) and Nurse-Family Partnership (NFP) programs in Ontario had to rapidly transition, with few established precedents, to deliver virtual home visits through telephone, video, text message, or other adaptive means (including outdoor or driveway visits). The flexibility and resilience in response to the pandemic context created a need to share innovative practices and solutions to common challenges, across home visiting program teams, as they supported individuals and families in ever changing circumstances. The Public Health Nursing Practice, Research, and Education Program (PHN-PREP) project team is involved in the development of resources that provide guidance to home visiting program teams. These resources provide information based on tacit or practice-informed knowledge, existing guidelines and/or research evidence (when available) and consultation with content experts. To facilitate the development and dissemination of these resources, a 6-step framework was established and includes: (1) identifying priority topics for home visiting nurses; (2) eliciting tacit knowledge, examining existing guidance and research evidence, and consulting experts; (3) developing practice-informed guidance resources; (4) reviewing and refining resources; (5) disseminating resources; and (6) evaluating resources. This presentation will highlight the PHN-PREP process of practice-informed guidance development and dissemination including an overview of the framework and a working example of conducting safe and engaging outdoor visits with families during the COVID-19 pandemic. Connection to conference themes include reflecting on nursing practice, planning for future community needs, and resilience during change.



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**O68**

## Fifteen-year trends in self-reported racial discrimination and the related health issues among African Canadian adolescents in British Columbia, Canada

Helen Okoye, Elizabeth Saewyc

University of British Columbia, Vancouver, Canada

### Abstract

This secondary analysis assessed the prevalence of racism, trends over time, and its link to health outcomes, to create awareness about the occurrence of racism and health issues, and sensitize Community Health Nurses of Canada (CHNC) about the unique roles they can play to reduce racism and related health issues. Analyses used four waves (2003-2018) of the British Columbia Adolescent Health Survey (n=126,994). Prevalence and trends were examined using weighted merged data, while links between racism and health were explored using 2018 only. The percentage of adolescents who experienced racism was highest in 2018. Trends in perceived racism increased, particularly for girls. The gaps in perceived racism by gender and immigration status have narrowed, but primarily because experiences of racism are increasing overall. Adolescent girls and foreign-born boys had the highest odds of reporting racism, which was also linked to the worst health outcomes. Given CHNs' emphasis on health promotion, health equity, and capacity building, they are well-positioned to engage these adolescents in diverse contexts including schools, communities, homes and health facilities to empower them with the knowledge and skills to deal with racism, as well as link them to relevant resources for their health and well-being. In addition to providing direct care, CHNs can advocate for health policies and programs, and work with governmental and non-governmental agencies, such as schools and community groups to reduce racism and provide better support for African Canadian adolescents, particularly new African immigrants.



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**O69**

## What is the meaning of “Race” among nursing students

Martha Aviles-G.<sup>1</sup>, Dzifa Dodunoo<sup>1</sup>, Paivi Abernethy<sup>1,2</sup>, Jenipher Kayuni<sup>1</sup>, Stephanie McConkey<sup>1</sup>

<sup>1</sup>University of Victoria, Victoria, Canada. <sup>2</sup>3 University of Waterloo, Waterloo, Canada

### Abstract

#### **Background:**

Race is a compounded, socially constructed variable that lacks a concrete conceptual definition. It is often presented as a biological variable in health research and operationalized based on skin tone, i.e. black/white; while other times based on skin tone and ancestral origin, i.e. black/African American. Attempts to use “biological” racial categories to target screening for genetic diseases have led to erroneous diagnoses, such as in the case of hypertrophic cardiomyopathy. It is important for clinicians to be aware of how race is presented in research in order to interpret the findings to inform practice. It is unclear what nursing students’ understanding of this variable is when reading health research thus we plan to conduct this study to explore the evidence to practice gap regarding the use of race in health research.

#### **Methods:**

Using a cross-sectional design, we plan to survey third year nursing students about their perceptions of race at the beginning and end of a term where the topic of race and racism are covered in courses focus on issues of global health, colonialization, indigenous, and research methods. Data analysis will include descriptive data (i.e. frequencies and percentages) with appropriate comparative analyses between time points.

#### **Expected outcomes:**

Consistent with the literature, we expect mixed results about the conceptual definition of race. We expect the dominant perception that race is a biological variable at baseline with increased awareness of it as social construct at the end of term.



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**O70**

## How does Whiteness shape the Canadian nursing profession?: A rapid review of the literature

Hannah Klassen, Mandy Walker

NCCDH, Antigonish, Canada

### Abstract

The National Collaborating Center for Determinants of Health (NCCDH) unpacks racism as a structural determinant of health and its links to public health. Racism occurs on multiple levels—individual, cultural, structural. The Canadian Nurses Association (CNA) recognizes that systemic racism in Canada constitutes a public health emergency and expresses commitment to anti-racism work at all levels. The racial construct of Whiteness and the ideology of White supremacy are intimately linked to systemic racism, yet often unacknowledged. Although literature discusses a need for solutions, a first step in disrupting Whiteness is examining how it manifests. The profession of nursing has a history entrenched in colonialism and upholding the ideology of White supremacy. As part of the work on disrupting Whiteness, a rapid review of Canadian literature from the past five years was searched to understand how Whiteness shapes the Canadian nursing profession. The research team comprised of two Master of Public Health students, three NCCDH staff, and a member from the CNA. Key findings will be shared including (1) unpacking and problematizing Whiteness in the nursing profession and how it relates to all levels of racism; (2) understanding power and applying a framework of power to analyze Whiteness in the nursing profession; and (3) implications for future directions and actions at multiple levels.



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## O71

### Strengthening Medication Administration of Opioids in Palliative Care

Katharina Sidhu, Matt Wong

VHA Home HealthCare, Toronto, Canada

#### Abstract

Pain and symptom management is a critical component of home-based palliative services. Although universal medication administration best practice standards exist to support nurses fulfilling this key role, the purpose of this project was to explore unique contributing factors within home care to better inform targeted improvements in this sector.

To investigate, VHA's Safe Medication Management Action Team (comprised of members from our Quality, Risk, and Best Practice departments) reviewed current best practices, followed by focused evaluations of nine clinical opioid-related medication incidents in palliative nursing care that occurred over a 14-month period.

Opportunities existed for specific improvements contextualized to home care practice environments to enhance nursing practices already in place. One notable opportunity called for increased support to nurses responding to complex, high-pressure situations requiring immediate pain management interventions – particularly during on-call and after-hours situations when access to additional medical supports are significantly reduced.

Fifteen improvement recommendations were identified and further prioritized to those having the greatest impact and widest adoption based on the Institute for Safe Medication Practices' "Hierarchy of Effectiveness". Recommendations were categorized into the following improvement domains to be implemented by dedicated working groups: medication administration practices and support, educational scenarios and competency validation, enhanced on-call policies and training, improved clinical care charting and auditing, and standardization of the organization's incident analysis protocol.

Key learnings: (1) better understanding of unique, contributing factors to opioid-related medication errors in palliative home care; (2) highlighting benefits of adopting a systematic investigative and quality improvement approach to direct follow-up actions.



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**072**

## Peer-lead Support Group for Socially Isolated Individuals of Low Socioeconomic Status to Improve Mental Wellness

Mikayla Knysh, Madeleine Pekuogno, Tristan Phair, Kristen Sabourin, Jacqueline Avanthay Strus  
Université de Saint Boniface, Winnipeg, Canada

### Abstract

The purpose of this work was to assess the health of the community of St. Boniface in Winnipeg, MB using the conceptual framework of the Community Health Promotion Model. To conduct this study, we partnered with Holy Cross Church in St. Boniface to work with the population who frequent the food bank. Based on the Community Health Promotion Model, we assessed their needs using data collection tools such as progressive inquiry and adapted focus groups. We identified the primary problem that concerns this population as social isolation and lack of mental well-being as a result. To address this issue, we implemented a “Coffee Club” support group in hopes of increasing the population’s social interactions, thus enhancing their mental well-being. Finally, we evaluated the results of our intervention to determine the level of effectiveness among the population using Pre and Post surveys. Based on the survey results, the main findings were that participants found the club taught them new habits to improve their mental wellness and that their mental health was a priority after attending the club. These findings can be used in community health nursing to decrease social isolation and increase mental well-being among a diversified population. It can be implemented throughout various community contexts as the intervention is effective for many age groups, cultural and socioeconomic backgrounds. This study aligns with the *Standard of Health Equity*. Key learning outcomes were that support groups are a non-specific intervention that are effective in improving mental well-being among a diverse population.



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**072**

## Breaking Language Barriers that Lead to Health Barriers: Using Health Promotion Workshops Hosted by Punjabi Speaking Community Health Nurses to Reduce Cardiovascular and Diabetic Health Disparities in the South Asian Community.

Gaganjit Phulka, Gurleen Dhaliwal

BCCNP, Abbotsford, Canada

### Abstract

Language barriers for visible minorities can become health barriers. The goal of our project was to determine if we could enhance the health of the South Asian Community in the Fraser Valley by hosting health promotion workshops in Punjabi at a local Sikh Temple. In Canada, the South Asian community's odds of reporting diabetes and heart disease are two to three higher compared to the overall Fraser Health population (South Asian Health Report, 2016). Thirteen percent of South Asians, and 46% of those 65 years of age and over, reported being diagnosed with two or more chronic diseases (South Asian Health Report, 2016). Additionally, 1 in 5 do not speak English causing a language barrier for health promotion practices. Twenty-one Punjabi speaking men and women participated in our diabetes workshop study. The data was collected through a questionnaire. Our project determined language was the main reason for health knowledge deficits. Participants disclosed that due to their inability to communicate in English they were not able to receive and understand diabetes education. Furthermore, 85% had never attended a health workshop, and most were unaware of the resources available to them. After our workshop, participants reported feeling more confident in managing their diabetes at home. Thus, providing health education that is cultural competent, safe, aware and in the language of those being served is crucial to promote the health of British Columbia's diverse communities. This can also improve nurse engagement with communities and foster the social desirability of healthy living.



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**073**

## Navigating Turbulent Water: Leading Home and Community care practice change during the COVID 19 Pandemic

Karen Curry, Benedicte Franquien

VON, halifax, Canada

### Abstract

This presentation will share the challenges, reflections and learnings from the journey of a home care organization continuing to provide nursing care and community services during the pandemic. This presentation will be relevant to public health, home care, educators, and students. Early in the pandemic, the guidance literature and resources did not address the home and community care uniqueness with information often referring to acute care or long-term care settings. This added complexity to the need for quick evaluation of evidence and guidance across two provinces in order to issue timely practice directions to a widely dispersed and mobile workforce. To safely navigate these uncharted waters, we adopted a risk- and principle-based approach as our North star. The leadership attributes, organizational structures, and processes required for a nimble client-focused response will be discussed. Home care nurse managers and nurses needed to adapt and change processes to ensure they were following the most relevant IPAC protocols. We will also share the key learnings that allowed us to continue to provide care and service while navigating the changes, from the perspective of multiple nursing programs and nurses' experiences. We will share the stories of resilience and cooperation across the organization, and different home care programs and how they continued safe client care and service in the community setting during a time of rapid change.



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**O74**

## Home Care Nurse's Perspectives about Deprescribing of Medications for the Management of Polypharmacy in Older Adults

Winnie Sun<sup>1</sup>, Jennifer Abbass-Dick<sup>1</sup>, Cheryl Reid-Haughian<sup>2</sup>, Caroline Barakat<sup>1</sup>, Justin Turner<sup>3</sup>

<sup>1</sup>Ontario Tech University, Oshawa, Canada. <sup>2</sup>CellTrak Technologies Inc., Ottawa, Canada. <sup>3</sup>University of Montreal, Quebec, Canada

### Abstract

**Objective:** The aim of this study is to explore home care nurses' understanding of polypharmacy management and adoption of deprescribing approaches.

**Method:** This study employed an exploratory qualitative descriptive research design, consisting of two focus groups with a total of eleven home care nurses in Ontario, Canada. Content analysis was used to derive themes about home care nurse's understanding and learning needs in relation to deprescribing approaches, and the opportunities for appropriate use of non-pharmacological measures.

**Results:** Home care nurse's identified challenges for managing polypharmacy in older adults in home care settings, including a lack of open communication and inconsistent medication reconciliation practices. Additionally, inadequate partnership and ineffective collaboration between inter-professional healthcare providers were identified as major barriers to safe deprescribing. Further, home care nurses identified that raising awareness about deprescribing in the community facilitated deprescribing, and they identified a need for a consistent and standardized approach into educating best practices in deprescribing among healthcare providers, informal caregivers, and older adults.

**Conclusion:** Targeted deprescribing approaches are important in home care for optimizing medication management and reducing polypharmacy in older adults. Nurses in home care play a vital role in medication management and, therefore, educational training must be developed to support the development of their awareness and understanding of deprescribing. Study findings highlight the need for the future development of programs about safer medication management which will foster a supportive and collaborative relationship between the home care team, frail elders and their informal caregivers.



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**075**

## The Impact of COVID-19 on Social Connection and Social Support among Residents in Long-Term Care Facilities

Madeline Lischynski, Hua Li

University of Saskatchewan, Saskatoon, Canada

### Abstract

Social connection and social support are an integral component of an individual's physical and mental health as well as their quality of life. Before COVID-19 a high prevalence of loneliness and social isolation had been reported in long-term care facilities. COVID-19 exacerbated them among LTC residents due to the visitation restrictions from limited visitation to no visitation. This case study provides an example of the challenges encountered by a resident in a long-term care facility during the COVID-19 pandemic and how the visitation restrictions impacted his wellbeing. Digital technology as a method for connecting with family through video conferencing has been increasingly utilized to bridge the physical distance, and residents can benefit greatly from using the technology to keep connected with family and friends, ultimately enhancing their overall wellbeing. Community health nurses can support the facilitation of adopting digital technology as a method of social connection and communication by collaborating with long-term care facilities, families, and governments to address barriers in implementing digital technologies in a variety of community settings.

*Keywords:* social connection, social support, COVID-19, long-term care facility, digital technology



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**076**

## Factors influencing use of nonpharmacological treatments for seniors with early dementia: A review of literature

Jasmine Hwang

University of Calgary, Calgary, Canada

### Abstract

In the absence of pharmacological treatment that can cure dementia, nonpharmacological treatments become imperative in maintaining or improving quality of life for persons with early dementia (PWDs). Yet many Canadians with early dementia experience difficulty accessing needed care and treatments. The aim of this literature review was to explore the extent and nature of evidence concerning factors that influence use of nonpharmacological treatments for community-dwelling seniors with mild or moderate dementia. A comprehensive search of published literature resulted in 16 research studies. Examination of the studies identified various barriers and enablers at the level of intrapersonal (beliefs, values, knowledge), interpersonal (caregiver and physician support), organizational (access barriers, lack of person-centeredness), community (stigma), and policy (funding). These factors were closely interrelated to influence PWDs' decisions or ability to access needed treatments. The findings of this review have significance to community health nurses (CHNs) who work with older adults across various care settings, particularly in the community and primary care setting. Nurses must reflect, recognize, understand, and respond to barriers and challenges encountered by PWDs to work effectively with them, promote health, and prevent further deterioration and illness. The findings of the review relate to the theme of addressing determinants of health. Key learning outcomes of this presentation include (a) acquiring new understanding developed from the literature review, (b) learning about future directions for policy, education, and research in addressing the determinants of health, and (c) discovering actionable ways in which CHNs can advocate for PWDs' health equity in their clinical practice.



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## O78

### Building evidence-informed decision making capacity: The online Evidence-Informed Decision Making Skills Assessment Tool

Claire Howarth, Emily Clark, Heather Husson, [Maureen Dobbins](#)  
National Collaborating Centre for Methods and Tools, Hamilton, Canada

#### Abstract

#### Project focus:

This presentation will focus on how the Evidence-Informed Decision Making (EIDM) Skills Assessment can be used as a capacity building tool. Attendees will learn about the development of the EIDM Skills Assessment and how it can be used by community health nurses to advance practice.

#### Background

In 2017, the National Collaborating Centre for Methods and Tools (NCCMT) launched the 20 question EIDM Skills Assessment to identify strengths and gaps in EIDM knowledge and skills. This was followed by an enhancement to allow delivery to groups and customization of the assessment.

#### Methods

The EIDM Skills Assessment was developed in consultation with NCCMT experts and public health professionals. The group assessment had five phases of development starting with internal consultation and ending with a beta test.

#### Findings

The EIDM Skills Assessment is used by public health professionals and post-secondary programs across Canada. The group assessment has been beta tested by eight organizations across Canada and is currently in a soft launch phase and subsequently used by two Ontario organizations.

#### Conclusion

The EIDM Skills Assessment can be used in community health nursing to encourage the development of EIDM knowledge and skills through identifying strengths and gap areas and providing a tailored list of resources to build EIDM capacity. This is useful across contexts and settings as it is easily and freely accessible on the NCCMT's website. The assessment uses public health specific scenarios, however, the principles of EIDM covered in the assessment apply to all health professions.

**Theme:** capacity building



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**079**

## Community Health Nursing Now: Building a Culture of Quality

May Tao

Toronto Public Health, Toronto, Ontario, Canada

### Abstract

The revised Canadian Community Health Nursing Standards of Practice calls for demonstrating responsibility and accountability within the profession. This bold standard requires the community health nurses to systematically evaluate the achievement of desired outcomes for quality improvement. This large urban public health unit, designated as a Best Practice Spotlight Organization, has demonstrated innovative nursing leadership, deliberate actions and a structured approach to develop a culture of quality.

To accomplish this, this organization sought new and interactive approaches to articulate areas to be enhanced; formalize the components of quality improvement; and identify concrete ways to achieve established goals. A quality improvement plan (QIP) was developed to include a variety of leadership and technological strategies to improve quality of service and ensure program excellence. The plan includes designing a systematic process to increase staffs' skills on evidence-based knowledge, incorporating creative ways in professional development and recruitment, and improving resources to sustain the program. This is done by tracking and achieving the short-term and long-term targets.

Evaluation demonstrated a positive impact on the organization in a) successfully achieving improvement through innovative strategies; b) systematically implementing evidence into practice; and c) effectively building a quality culture.

This presentation will illustrate how all community health organizations can adapt QIP components to meet quality improvement goals and drive excellence, build a culture of quality, and ultimately make a difference in the health of Canadians.



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## O80

### An innovative methodology to engage the voices of children and youth in improving community safety and injury prevention policy and programming

Ian Pike<sup>1,2</sup>, Alison Macpherson<sup>3</sup>, Rose-Alma McDonald<sup>4</sup>, Emilie Beaulieu<sup>1</sup>

<sup>1</sup>BC Injury Research and Prevention Unit, BC Children's Hospital Research Institute, Vancouver, Canada.

<sup>2</sup>Department of Pediatrics, University of British Columbia, Vancouver, Canada. <sup>3</sup>School of Kinesiology and Health Science, York University, Toronto, Canada. <sup>4</sup>Katenies Research and Management Services, Akwesasne Mohawk Territory, Canada

#### Abstract

Injury is the leading cause of death for First Nations (FN) children and youth; strategies and solutions for reducing the burden of injury are critically needed. This demonstration project is unique in its integration of youth in addressing community injury priorities, supporting the community to work with their information and programming, and exploring how effective mainstream prevention initiatives may be adapted to FN settings. Guided by a local project lead, the Voices of Children and Youth (VOICES) research team follows the community's lead in addressing local injury prevention, and making expertise, tools, technology, and research guidance available. VOICES upholds the guiding principles of OCAP, and recognizes and respects Indigenous ways of knowing. Youth are engaged in Visual Storytelling - combining photography, video, narratives, and mapping to capture lived experience and provide a platform for the community to identify and target selected issues. This method has been applied in two FN communities, and a mainstream setting resulting in changes to infrastructure and knowledge transfer products designed and produced by youth, such as YouTube videos. Youth receive training in photography, journalism, writing, first aid, fire prevention, and other salient injury prevention topics. VOICES incorporates community-based participatory research to advocate for change by balancing power between indigenous community members and policy makers, creating a sense of community ownership, fostering trust, and responding to cultural preferences.

Learning Outcomes: Understanding the process and value of exploring youth's perceptions of the causes of child and youth injury, towards the development of community policy and programming.



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## O81

Développement et étude pilote, grâce à un partenariat recherche-communauté, d'une formation communautaire novatrice pour les intervenant(e)s en soutien par les pairs en santé mentale jeunesse.

Laure Bourdon, Carole Tranchant, Danielle Doucet, Hélène Corriveau, Vickie Plourde  
Université de Moncton, Moncton, Canada

### Abstract

Obtenir des soins de santé mentale appropriés dans le système de santé conventionnel peut s'avérer intimidant pour de nombreux jeunes. L'intégration de pair.e.s aidant.e.s aux services de santé mentale communautaire jeunesse est une avenue prometteuse pour mieux répondre aux besoins. Toutefois, pour que les pair.e.s aidant.e.s comprennent leurs rôles et acquièrent des habiletés propres à ces rôles, une formation sur les principes fondamentaux du soutien par les pair.e.s en santé mentale jeunesse est nécessaire. Cette étude pilote visait à documenter la fidélité d'implantation d'une nouvelle formation pour pair.e.s aidant.e.s intervenant en santé mentale communautaire jeunesse basée sur le modèle théorique de Mead et al. (2001), ainsi que ses impacts sur la compréhension et la capacité perçue des participant.e.s à fournir un soutien par les pairs. Une méthodologie mixte convergente longitudinale a été utilisée avec collecte des données par questionnaires auto-administrés avant et après la formation. La formation comprenant huit sessions a été offerte par visioconférence. Les participantes ont été recrutées via ACCESS Esprits Ouverts, une initiative interdisciplinaire pilote d'évaluation et de recherche sur un programme de santé mentale communautaire jeunesse. Un partenariat entre l'équipe de recherche et la communauté a permis de développer, délivrer et évaluer la nouvelle formation. Les résultats montrent que les éléments de la formation ont un niveau élevé de fidélité envers le modèle théorique. Les participantes mentionnent se sentir prêtes et capables d'offrir du soutien comme paires aidantes. Des suggestions sont également ressorties pour améliorer les futures initiatives de formation.



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**O82**

## Nursing Staffing Crisis Across Canada Requires Care and Support

Laura Woodman, [Rob Lake](#)

Caring Support, London, Canada

### Abstract

The Canadian nursing community is currently facing a perfect storm of unprecedented challenges, as nurses find themselves overworked, burnt-out, and in desperate need of care and support. In the centre of it all is the staffing crisis that dramatically worsened with the onset of the pandemic, over two years ago. In this complex context, a small but visionary company was founded in London, Ontario, with the goal of strengthening the connection between healthcare employers and nursing professionals, making it easier for both parties to find each other and work together to better serve Canadians. Since then, Caring Support has been working diligently, building and growing a community of nurses and other essential healthcare professionals where they can find desirable employment opportunities and resources to further develop the nursing practice. The platform also functions as a conduit providing them access to organizations and post-secondary institutions, facilitating their professional success through training and education; and to valuable content, helping them acquire new tools and skills for their professional advancement and personal wellbeing, especially in this moment in time and new virtual world.



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**O83**

## Risk Mitigation and Navigating toward the “New Normal”

Jillian Brooke, Farah Ismail, Nancy Lefebvre

SE Health, Markham, Canada

### Abstract

Risk management is synonymous with the ever-evolving COVID-19 pandemic. Our organization’s leadership has played an integral role in ensuring the safety of our employees, patients, and families, while continuing to provide outstanding care and adapting to rapid changes in protocols, policies, and procedures.

As one of Canada’s leading home & community health organizations, we operate nationally with approximately 6,500 employees and 20,000 daily care activities. This presentation will highlight the ways in which our nursing leadership influenced our organization’s pandemic response, and the broader healthcare system. We will offer key insights into the approach to managing risk across the organization, while overcoming pre-pandemic systemic biases and barriers for rapid implementation of new protocols, with a workforce that spans large geographical locations, including rural areas and homeless shelters. We will share how our pandemic approach reflected the CHNC standards of practice, in particular prevention and health protection (Standard #2) and the innovative strategies used to address the unprecedented fear and anxiety that patients and staff experienced in the community, including education, training, competency assessments and practice visibility. In addition, we will highlight the opportunities uncovered for significant capacity development and digital tool creation, and the development of sustainable approaches for the continued support of older adults and vulnerable populations in their homes.

By sharing our organization’s experience and lessons learned during the COVID-19 pandemic, we hope to strengthen healthcare at home and in the community as we move towards a better “new normal”.



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**O84**

## Factors Influencing Undergraduate Nursing Students' Desire to Practice within Primary Care Settings: An Integrative Review

Deanne Curnew<sup>1,2</sup>, Julia Lukewich<sup>2</sup>

<sup>1</sup>Centre for Nursing Studies, St. John's, Canada. <sup>2</sup>Memorial University, St. John's, Canada

### Abstract

**Background:** Healthcare reform strategies emphasize the need to integrate Registered Nurses (RNs) into collaborative primary care teams. However, studies have shown undergraduate nursing students desire to work in high-acuity settings after graduation. To inform the role of undergraduate nursing education in preparing the future primary care workforce, clearer understanding of factors that influence undergraduate nursing students' desire to practice within primary care is needed.

**Purpose:** To review and synthesize evidence related to factors that influence undergraduate nursing students' desire to practice within primary care settings.

**Methods:** An integrative review was conducted from October to November 2021 using Whittemore and Knafli's five-step framework. Databases included PubMed and CINAHL Plus. Quantitative, qualitative, and mixed methods primary research studies written in English were eligible for inclusion.

**Results:** Eleven articles were included in the review. Results indicated undergraduate nursing students do not consider primary care a priority practice setting. Factors influencing students' motivation to practice within primary care settings included: primary care content within undergraduate nursing programs; perceptions of RN roles in primary care; and working conditions (i.e., working hours and salary) and environment.

**Conclusions:** To ensure a workforce of RNs who are motivated to practice within primary care settings, there is a need to promote undergraduate nursing students' understanding of the realities of RN practice within primary care settings. This can be accomplished by incorporating primary care content and clinical placements into undergraduate nursing programs. Further research is warranted; specifically, research to examine primary care content within Canadian undergraduate nursing programs.



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## O85

Understanding the current state of community/population health nursing education: An exploration of the erosion and devaluation of community/population health theoretical and clinical education in Canadian Nursing programs.

Francoise Filion<sup>1</sup>, Tanya Saunders<sup>2</sup>, Andrea Chircop<sup>3</sup>, Ruth Schofield<sup>4</sup>, Cheryl Van Dalen Smith<sup>5</sup>, Barbara Love-Jovett<sup>6</sup>, Catherine Ann Miller<sup>1</sup>, Genevieve Currie<sup>7</sup>, Barbara Chyzzy<sup>8</sup>, Jacqueline Avanthay Strus<sup>9</sup>, Dawn Mercer Riselli<sup>10</sup>

<sup>1</sup>McGill University, Montreal, Canada. <sup>2</sup>Thompson Rivers University, Kamloops, Canada. <sup>3</sup>Dalhousie University, Halifax, Canada. <sup>4</sup>McMaster University, Hamilton, Canada. <sup>5</sup>York University, Toronto, Canada. <sup>6</sup>University of Manitoba, Winnipeg, Canada. <sup>7</sup>Mount Royal University, Calgary, Canada. <sup>8</sup>Ryerson University, Toronto, Canada. <sup>9</sup>University de St. Boniface, Winnipeg, Canada. <sup>10</sup>Athabasca University, Lethbridge, Canada

### Abstract

**Background:** Over the past decade, the Canadian Association Schools of Nursing (CASN) Community Health Educators Interest Group has witnessed an erosion of community/population health content in curricula across Canadian schools of nursing. During the COVID-19 pandemic, community clinical placements have been impacted due to pandemic-related restrictions and the loss of placements has endangered accreditation status as community/population health is a compulsory component of BScN programs nationally. Community nursing educators across Canada are alarmed by the further reduction of practice education, content and relational practice framed in health equity, social determinants of health, and intersectionality, which is vital to nursing and the health of Canadians.

**Importance and Purpose:** It is important to identify the current state of community/population health nursing education in Canadian schools of nursing. This knowledge will be a foundation for evidence-informed educational practices that align with Entry-level Public Health Nursing Competencies for Undergraduate Nursing Students, as identified by CASN, our accreditation body. The purpose of this study is to gain an understanding about the current state of Community Health/Population Health theoretical and clinical education for BScN students prior to graduation in Canada.

**Methods:** A cross-sectional survey was administered to all nursing programs across Canada in November 2021. Data analysis of the survey results is currently underway. Quantitative data is being analyzed using descriptive statistics and qualitative data is being analyzed using thematic analysis. The survey process and preliminary results will be shared at the CHNC conference.



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**O86**

## Sexual health promotion and adherence to rapid HIV testing among Brazilian college students

Marli Teresinha Gimeniz Galvão, Odaleia de Oliveira Farias, Ana Karoline Bastos Costa, Francisco José de Almeida Neto, Ivana Cristina Vieira de Lima, Samyla Citó Pedrosa, Ane Kelly Lima Ramalho, Débora Clemente Paes, Nycolle Almeida Leite  
Federal University of Ceara, Fortaleza, Brazil

### Abstract

The incidence of HIV on young population in Brazil has been increasing, and it is followed by difficulties regarding communication about sex. This study aims to describe a strategy used by nurses and nursing students of a research group on HIV in order to promote sexual health, to prevent sexually transmitted infections (STIs), and to increase adherence to rapid HIV testing among Brazilian college students. This is a descriptive cross-sectional study that compiled findings from nine health actions, conducted from 2016 to 2019, in Fortaleza, Brazil, with students from the largest public university in the Northeast region of the country. Activities were implemented in three stages, group counseling, short questionnaire on sociodemographic and behavioral data answer, and individual HIV testing. Group counseling included discussions concerning key knowledge gaps elucidated by the students on the prevention of STIs. 855 young people participated on the strategies, 78.3% had never been tested for HIV before, and 41.9% declared that availability was the main reason for taking the test. There was a growing demand from the students to be enrolled on the activities. 12 people were diagnosed with HIV, 1.4% of those tested. Those positive for HIV were properly referred to health care facilities in order to initiate treatment. The strategy had high acceptance by young college students and contributed to accomplish international agendas on HIV response.



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**O87**

## Comprehensive School Health as a Capacity Building, Intersectoral Collaboration Strategy to Promote Sexual Health Education

Tamira Burton

Fraser Health, Langley, Canada

### Abstract

The purpose of the oral presentation is to provide an opportunity for participants to understand how a Comprehensive School Health (CSH) approach was used as an intersectoral collaboration strategy to partner with a school district. The result was a sexual health education resource tool that focused on building the capacity of teachers to teach sexual health. As part of a new, exciting Healthy Schools program fostering partnership between a Health Authority and its local school districts, CSH was used to support innovative health promotion initiatives. One school district identified the health priority of sexual health education and worked in partnership with a Healthy School's Nurse through a process which involved strengthening professional relationships through creating a shared vision, planning how to address identified gaps, and increasing teacher capacity.

CHS is an internationally recognized, evidence-based approach which can be applied to multiple health topics, projects and initiatives. This approach allowed health and education partners to expand their vision around sexual health education to include actions regarding school policies, environment, community partnerships and teaching and learning strategies.

An overview of the process to develop this resource tool, the components of the tool, as well as preliminary evaluative feedback on the process and tool's implementation will be provided to participants. In addition, participants will learn how this can be applied to other practice areas and to diverse contexts. Several of the conference themes are relevant to this presentation however, the theme of capacity building will be highlighted.



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**O88**

## Health Texts From School Nurses: Will Adolescents Get the Message?

Lani Babin<sup>1</sup>, Matthew Brooks<sup>1</sup>, Brenda George<sup>1</sup>, Wendi Lokanc-Diluzio<sup>2</sup>

<sup>1</sup>Alberta Health Services, Calgary, Canada. <sup>2</sup>University of Lethbridge, Calgary, Canada

### Abstract

To promote health in adolescents, some strategies historically used by school nurses have included messaging through posters, displays, and newsletters, which are perceived by some adolescents as outdated and ineffective. Most Canadian adolescents use a cell phone, and more and more health services offer options for adolescent education through text message. Health information communicated through Alberta Health Services social media platforms in the past have rarely targeted adolescents. The gap between longstanding resource delivery methods and a reported lack of client uptake, and few studies examining the feasibility of using a text messaging service with adolescents inspired our front-line research study on just that. Would an innovative school nurse-initiated text messaging intervention delivered to the hands of adolescents be seen as an acceptable health promotion strategy? Would this be a feasible health promotion strategy for school nurses? Come and learn about this community health school nursing mixed methods research study.

Informed by Canadian Community Health Nursing Standards of Practice, this presentation will highlight the benefits of using this research as evidence based practice to inform health promotion in school nursing clinical practice. Participants can expect to look more closely at this innovative multimedia text-messaging intervention developed by school nurses with input from adolescents, how resources were linked to the texts and their access measured, and hear findings and practical recommendations for their utility to reach the masses as an adjunct to the face-to-face engagement between community health nurses and their school communities.



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**O89**

## Concussion Awareness Training Tool: A case study in building capacity with schools and strengthening intersectoral collaborations

Karen Sadler<sup>1</sup>, Samantha Bruin<sup>1</sup>, Kate Turcotte<sup>1</sup>, Denise Beaton<sup>1,2</sup>, Shelina Babul<sup>1,3</sup>

<sup>1</sup>BC Injury Research and Prevention Unit, BC Children's Hospital Research Institute, Vancouver, Canada.

<sup>2</sup>BC Centre for Disease Control, Vancouver, Canada. <sup>3</sup>Department of Pediatrics, University of British Columbia, Vancouver, Canada

### Abstract

In recent years, there has been growing awareness and interest in concussion outside the world of sport and recreation. A concussion can happen to anyone at any time. When managed appropriately, most concussions resolve without complications. On some occasions, this injury can be serious and result in long-term disabilities.

The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management ([www.cattonline.com](http://www.cattonline.com)). CATT is tailored to specific audiences, including school professionals, medical professionals, coaches, players/participants, parents and caregivers, and workers and workplaces. CATT provides educator resources for supporting a student's return to school following concussion. The Canadian Paediatric Society recommends that anyone working with children be educated on the signs and symptoms of concussion and appropriate management.

This presentation will describe the collaboration between CATT and the Richmond School District in British Columbia, and the lessons learned regarding the role that community health nurses can play in facilitating community-level changes to policy. Partnerships between community/public health nurses and school districts not only strengthens capacity within schools to develop strong concussion policies, but also increases staff members' individual concussion knowledge and awareness, allowing them to better support students in their recovery from this invisible injury. Raising the importance of concussion awareness as a public health issue is ideally suited for collaboration.

**Learning Objectives:** Participants will increase their understanding and knowledge of concussion and learn how to strengthen community capacity through inter-sectoral collaboration.



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## O91

### Multi-site evaluation of Sentinel City® virtual simulation for community health nursing clinical education

Andrea Chircop<sup>1</sup>, Shelley Cobbett<sup>2</sup>, Ruth Schofield<sup>3</sup>, Amanda Egert<sup>4</sup>, Sylvane Filice<sup>5</sup>, Denise Kall<sup>6</sup>

<sup>1</sup>Dalhousie University, Halifax, Canada. <sup>2</sup>Dalhousie University, Yarmouth, Canada. <sup>3</sup>McMaster, Hamilton, Canada. <sup>4</sup>BC Institute of Technology, Burnaby, Canada. <sup>5</sup>Lakehead University, Thunder Bay, Canada. <sup>6</sup>St Lawrence College, Brockville, Canada

#### Abstract

We know that nursing students participating in virtual simulations have positive learning outcomes. It is unknown whether learning outcomes of students using the same virtual simulation program are comparable across jurisdictions. Nine schools of nursing across Canada implemented and evaluated Sentinel City® (SC) during the academic year 2020/2021.

Our research questions were:

- 1) What is the relationship between the use of SC virtual simulation program for student community/public/population health nursing clinical learning and their ability to meet their learning outcomes among different Canadian schools of nursing?
- 2) How do students' experiences differ and/or align across the different jurisdictional sites?

A descriptive survey was used to evaluate of the use of SC and student learning outcomes. Data was collection by using the Student Survey of Virtual Community/Public/Population Health Clinical Experience using Sentinel City®. ANOVA was used to identify any significant differences among students from each jurisdiction in relation to their perception of the use of SC in meeting their course learning outcomes. Qualitative data from open-ended responses were analyzed according to common themes.

The response was N=272. A majority of students agreed that SC helped them achieve course learning outcomes. There were, however, significant differences among jurisdictions. Recommendations include the use of virtual simulation as a complementary teaching tool followed by real-life clinical opportunities; built-in opportunities for student self-evaluation; and robust orientation for clinical instructors.

Learning outcomes:

Appreciate SC as a useful teaching tool across jurisdictions

Recognize the need for clinical instructor education using SC



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**O92**

## Preparing Nursing Students for Virtual Care in a Primary Care Setting

Amanda O'Rae<sup>1</sup>, Jerrai Dais<sup>2</sup>, Jill McWilliam<sup>2</sup>

<sup>1</sup>University of Calgary, Calgary, Canada. <sup>2</sup>CWPCN, Calgary, Canada

### Abstract

Undergraduate nursing students require authentic ways to learn how registered nurses (RN) apply theory in practice. RNs working in primary health care settings such as the Primary Care Networks (PCN) apply various models and frameworks to focus on the enhancement of health and the prevention and self-management of chronic diseases and the mental health concerns of individuals and families. In the winter of 2020, a partnership between one PCN and a nursing theory course was formed to provide realistic examples of how course concepts and theory are applied by RNs in practice and to promote the RN role in primary care. At that time, public health measures forced PCN services to a virtual delivery model and students to the online classroom. This virtual setting created unintended learning opportunities for students by which they could learn the complexity of virtual healthcare during a pandemic including how RNs provide mental health behavioural interventions to address increasing mental health needs. Now in 2022, virtual care has become an integral part of healthcare services and has helped to remove barriers in accessing healthcare services. Undergraduate nursing students will enter the workforce as RNs who will deliver care virtually. Nursing programs will need to evolve to include learning objectives and experiential learning to develop the skill set necessary to provide care virtually. Partnering with a PCN that uses virtual care as their primary healthcare delivery method will better prepare nursing students to provide virtual care in their future practice.



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**O93**

## From Art to Empathy to the 'Net: Community nursing students connecting online with families experiencing dementia

Julie Burns<sup>1</sup>, Alison Cada<sup>2</sup>

<sup>1</sup>University of Calgary, Calgary, Canada. <sup>2</sup>Alzheimer Society of Calgary, Calgary, Canada

### Abstract

Elders living with dementia in the community can have difficulty connecting with others, maintaining their confidence, and often believe that their disease prevents them from learning new things. Public health restrictions threatened to further isolate this community and impact quality of life. Novice students, though curious and interested in the theory/science of nursing, struggle to empathize and connect with their clients due to large age differences and fear of unfamiliar diagnoses – and that is without the barrier of a screen. Community health nursing students connected with community-based day programs to address these concerns using evidence-based, arts-based approaches online.

We wanted to maintain our arts-based mental wellness programming for both students and clients while “pivoting”. The curriculum was reliable in producing positive outcomes for both students and clients (increased confidence, empathy, and quality of life), so we worked to keep it running online amidst the uncertainties of Covid-19. We anticipated that our results would be diminished due to circumstance, but even online these programs allowed for growth, reflection, and engagement, as well as the creation of therapeutic relationships between nursing students, their “Art”ners and caregivers, and the staff of the day program.

We will provide practical overview of our programs, discuss strengths/challenges we experienced, explore connections with the CHN standards, and share our experiences transitioning online. We learned tips and tricks for online community-based learning, opened the door to new and creative possibilities in virtual care, and created partnerships that will benefit both our communities into the future.



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**O94**

## A Pandemic Response to Breastfeeding Support

Melissa de Leon, Lisa Roberts

Eastern Health, St. John's, Canada

### Abstract

In the eastern part of Newfoundland and Labrador, Eastern Health (EH) held 18 weekly Breastfeeding Support Groups (BFSGs). These groups operated via a peer-professional model of care with both mother-to-mother and support from a skilled Public Health Nurse. Peer and professional support are associated with continued breastfeeding and increased rates of breastfeeding duration. In March 2020, with the onset of the COVID-19 pandemic the EHs Population and Public Health program cancelled BFSGs due to the risks associated with the gathering of clients. Preservation of core Public Health programming and providing access to breastfeeding support such as BFSG was a significant concern at the onset of the pandemic as resources became limited. Pivoting to include innovative methods to reach the target population demonstrates the resilience of the Public Health Nursing workforce in Eastern Health.

Simultaneously, virtual care options were being explored as this approach had not been previously utilized in the program. Adopting a virtual care platform that was user-friendly and met the organization's privacy and confidentiality standards was the objective. Zoom Healthcare was selected as it had become ubiquitous and was approved by the organization. Sessions were held throughout the week initially and have evolved into a twice weekly offering that is facilitated by Regional Lactation Consultants. An evaluation of this approach is planned as while initially instituted as stop-gap measure, it has evolved into a valuable service that complements our case management model of care and traditional face-to-face BFSGs.



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**O95**

## Sleep and Family Relationships Before and During the COVID-19 Pandemic: A Study of Okanagan Families with Preschool-aged Children

Tristen Ramsay, Andrea Tam, Susan Holtzman, Elizabeth Keys  
University of British Columbia, Kelowna, Canada

### Abstract

Nurses play a vital role in the wellbeing of families across the lifespan, including with young children. The COVID-19 pandemic has impacted daily lives, particularly for these families. They have experienced an increase in stress due to disruptions, as well as school and daycare closures. Sleep and healthy family relationships are vital to positive impacts on child outcomes. Therefore, understanding the changes in sleep brought about by the pandemic is critical to informing and adapting community programs, including family and nursing programs.

This study will examine the effects of the pandemic on sleep in Okanagan families of preschool children using matched cohort samples.

This study will include analysis of pre-pandemic data obtained on technology use, sleep, and well-being from 390 mothers of preschool children using an online survey, which will be compared using SPSS statistical analysis for significant differences to new data collected from a similar sample. The survey will consist of questions pertaining to mental well-being, family relationships, sleep, and technology use.

Inclusion criteria are 18 years+, English speaking, self-identified mothers and their children ages 2-5 that reside in the central Okanagan Valley.

We expect that, compared to the previous cohort, participants in the COVID-19 cohort will report poorer sleep.

Sleep has a strong effect on personal and mental health, and these are vital to strengthening interpersonal relationships. This study may potentially inform future research as well as local programs and services that target mothers with young children. This may include both community nursing and public health programs.



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## O96

### Opportunities in community health nursing to support health, well-being, and parenting in families of infants using eHealth interventions.

Elizabeth Keys<sup>1</sup>, Mya Dockrill<sup>2</sup>, Christine Cassidy<sup>3</sup>, Penny Corkum<sup>3</sup>

<sup>1</sup>The University of British Columbia - Okanagan, Kelowna, Canada. <sup>2</sup>University of Waterloo, Waterloo, Canada. <sup>3</sup>Dalhousie University, Halifax, Canada

#### Abstract

*Purpose:* To describe characteristics and components of eHealth programs designed for parents of infants aged 1 year and under.

*Methods:* We conducted a systematic search in MEDLINE, EMBASE, PsycINFO, CINAHL, and Web of Science. Studies were included if they evaluated an eHealth program designed for parents of infants under 1 year of age. Title/abstracts (n = 11940) and full texts (n = 240) were independently screened by two reviewers, resulting in 58 included articles.

*Findings:* Most eHealth interventions targeted mothers and did not include any contact with a human provider. Under half of the studies used a randomized controlled trial design to evaluate the eHealth intervention. The most common topic or issue addressed by eHealth interventions was breastfeeding (41%), followed by injury prevention (16%), and sleep (12%). eHealth interventions were delivered using text messaging (49%), websites (43%), mobile apps (16%) and social media (12%).

*Nursing Implications & Conclusions:* Community health nurses (CHNs) often support the health of families with young children. eHealth interventions can increase the accessibility of evidence-based information and supports to parents for a broad range of topics. With additional partnerships between researchers, developers and CHNs, eHealth programs could improve the sustainability and fidelity of health promotion programs by supplementing and complementing existing CHN practice.

*Key Learning Outcomes:* (1) To describe the current availability of evidence-based eHealth programs developed to improve health and well-being in families of infants (birth to 1 year); (2) To build awareness of opportunities to leverage eHealth within community health nursing practice.



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**O97**

## The Living Classroom: Using Experiential Based Learning To Connect Undergraduate Nursing Students And Families With Young Children In A Large Theory Course

Diana Snell, Zahra Shajani

University of Calgary, Calgary, Canada

### Abstract

Offering undergraduate nursing students a rich and engaging experience when clinical placements are not possible is a challenge in nursing curricula. A lack of community clinical placements to provide students an opportunity to develop and apply family assessment skills with families with young children at one university resulted in the need to provide alternative opportunities to apply and link to practice their theoretical knowledge. Families with young children were brought into the classroom setting as an alternative to students going to a community clinic setting. The purpose was to apply their knowledge of family systems theory together with their family interviewing and communication skills. In July 2017, 99, second year undergraduate students participated in a family assessment experience. 9 families with children between the ages of 3 months to 5 years were invited into the theory classroom for an afternoon on 2 occasions. Students worked in small groups and interacted with multiple families over 2 hours. Students reported the value of practicing relational communication skills with families while beginning to apply skills of family assessment, health teaching and relational practice. Providing students opportunities for experiential learning within the theory classroom is one strategy to bridge the gap between theory and practice when clinical opportunities are not available in family nursing. This approach can motivate the learner to apply their knowledge and challenging their way of thinking to become active learners, and educators can move away from being didactic centered to student centered.



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**O98**

## Community Health Nursing Students Partner for Improvements in Service and Access

Ann MacLeod<sup>1</sup>, Tracey Roy<sup>2</sup>, Allie Wade<sup>1</sup>

<sup>1</sup>Trent Fleming School of Nursing, Peterborough, Canada. <sup>2</sup>Centennial Place, Peterborough, Canada

### Abstract

Building on two decades of strong relationships between the Trent Fleming School of Nursing and the Peterborough region health and social service providers, during the time of the pandemic, community health nursing student placement projects benefitted our community older adults. As part of mentored placements in diverse organizations, community health nursing student practicums, both in person and virtually, have been leveraged to build capacity of organizations, their clients and citizens, to improve both quality of service and access to services in a more user-friendly manner. Described will be the partnering process of nursing faculty with organizations that make up Age Friendly Peterborough, to identify service areas of improvement, research questions, facilitator and barrier analysis and collaborative approaches to addressing identified issues. Two examples include firstly a Community-Based Participatory Action Research project with robust partnerships with community organizations, municipalities and two First Nations Communities and older adult volunteers aimed to understand social isolation of older adults and their caregivers during the pandemic and supports then recommended improved equitable access to services. Findings from the research and navigation tools developed will be shared. Secondly, partnerships with long-term care facilities where students have supported adoption of RNAO Best Practice Guidelines and efforts to mitigate the negative impacts of the pandemic on their residents will be summarized. These novel practice placements immerse students in organizations while doing many of the activities required to meet Public Health Competencies and Community Health Nursing Standards.



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**O99**

## Rebuilding community health nursing content in an undergraduate nursing curriculum: a case example

Maureen Ryan, Nancy Clark

University of Victoria, Victoria, Canada

### Abstract

Community health nursing (CHN) is a vital resource for health promotion and prevention with Canadian communities. In the current context of increasing health disparities and health inequities, particularly with underserved communities, community health nursing is pivotal for health reform. Challenges exist with delivering implementing and sustaining CHN as part of the undergraduate BSN curriculum due to competing needs for technologies, and advanced practices in acute care settings. However, if nurses are to uphold Canada's commitment to health promotion and mitigating health and healthcare inequities, it is vital that CHN content be strengthened to include experiential and service modalities of learning.

This presentation will demonstrate the need for experiential service learning as part of CHN education but also novel approaches to teaching and learning CHN within the classroom. We begin by providing a view into current issues in Canada related to undergraduate preparation in CHN in Canada. We present our response to current tensions in providing CHN practice experiences in the form of a case example of a third-year undergraduate nursing course that was piloted and evaluated. We aim to engage in dialogue with participants around next steps in exploring how nursing students might engage in creative CHN partnership practices.

### Learning Outcomes for Participants:

1. Gain insight into the current landscape in Canada regarding CHN content in undergraduate curriculum.
2. Critically reflect on one case example of teaching and learning CHN content in Canadian BSN programs.
3. Explore ideas for CHN practice experiences and services for the future.



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## O100

### Participatory Action as a Research Method with Public Health Nurses

cheryl cusack

University of Manitoba, Winnipeg, Canada

#### Abstract

**Background:** This article explores and describes participatory action research as a preferred method in addressing nursing practice issues. This is the first study that used participatory action research with public health nurses in Canada to develop a professional practice model. Participatory action research is a sub-category of action research that incorporates feminist and critical theory with foundations in the field of social psychology. For nurses, critical analysis of long-established beliefs and practices through participatory action research contributes to emancipatory knowledge regarding the impact of traditional hierarchies on their practice.

**Method:** This study used participatory action, a non-traditional but systematic research method, which assisted participants to develop a solution to a long-standing organizational issue. The stages of generating concerns, participatory action, acting on concerns, reflection and evaluation were implemented from 2012-2013 in an urban Canadian city, to develop a professional practice model for public health nurses.

**Results:** Four sub-themes specific to participatory action research are discussed. These are 'participatory action research engaged public health nurses in development of a professional practice model;' 'the participatory action research cycles of 'Look, Think, Act' expanded participants' views;' 'participatory action research increased awareness of organizational barriers;' and 'participatory action research promoted individual empowerment and system transformation.'

**Conclusions:** This study resulted in individual and system change that may not have been possible without the use of participatory action research. The focus was engagement of participants and recognition of their lived experience, which facilitated public health nurses' empowerment, leadership and consciousness-raising.



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## O101

### Reorienting Public Health Nurses' Practice With a Professional Practice Model

cheryl cusack

University of Manitoba, winnipeg, Canada

#### Abstract

**Background:** Documents articulating public health nurses' (PHNs') roles, including Canadian standards and competencies, depict a broad focus working at multiple levels to improve population outcomes through the promotion of health equity. Conversely, Canadian experts depict a looming crisis, based on the rising disconnect between daily activities and ideal practice. While perfectly positioned, PHNs' skills and abilities are under-utilized and largely invisible. The intention of this study was to develop a model to support the full scope of equity-focused PHN practice.

**Methods:** A participatory action research approach was used. Qualitative data were gathered using semistructured interview guides during audio-recorded meetings. The data were coded into central themes using content analysis and constant comparison. A researcher reflexive journal and field notes were kept. A significant feature was full participant involvement.

**Results:** The outcome was a professional practice model to reframe the PHN role to focus on population health and equity. The model was imperative in promoting full scope of practice, dealing with workload pressures, and describing PHNs' value within the organization and broader health system.

**Implications:** Professional practice models hold promise as frameworks to depict autonomous practice activities, situated, within organizations and healthcare systems, and underpinned by nursing knowledge.



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## O102

### Developing an organizational change process model and online registry of resources

Bandna Dhaliwal, [Kristin Read](#), Kate Turner, Olivia Marquez, Maureen Dobbins  
NCCMT, Hamilton, Canada

#### Abstract

#### Learning outcomes:

1. To gain a better understanding of organizational change processes
2. To identify and acquire tools to help practitioners doing organizational change

#### Project purpose:

The purpose of this project was to (1) develop a health sector-specific model of the organizational change process and (2) identify resources to support the use of this model.

#### Methods:

Existing change process models were identified through a scoping review looking at review articles published from 2000-2015, supplemental searches using a snowball method, and connecting with key informants. To support the use of the model, a search of the academic literature, augmented by grey literature searches using a snowball method, was conducted to identify organizational change tools relevant to the health-sector.

#### Findings:

In total, approximately 30 organizational change process models were identified and synthesized leading to the creation of a new 5-stage model: assessing the NEED for change; PLANning for change; IMPLEMENTing change initiatives; SUSTAINing change within the organization; and EVOLVing to continuously meet drivers for change. In addition, 103 practical tools have been identified to support practitioners throughout the change process. All included resources are mapped to one or more stages of change. Users can easily filter by stage, whether or not it is Canadian, if it includes a public health or organizational change relevant example, and if it includes a template.

#### Conclusion:

The aim of this project is to support those involved in organizational change. The model and associated tools can guide practitioners through the change process.



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## O103

### Taking action for a water emergency – preparation and response.

Juliette O'Keeffe

National Collaborating Centre for Environmental Health, Vancouver, Canada

#### Abstract

The west coast has been preparing for the “big one” for several decades, yet the personal preparedness survey conducted on behalf of the Government of BC in 2017 found that up to 40% of British Columbians do not have an adequate emergency water supply to last the recommended three days. Access to clean water is one of most important considerations for surviving an emergency where services including electricity and water may be cut off for several days. While citizens are encouraged to prepare, many may not heed the warning or may find that they are under-prepared. Emergencies are unlikely to happen at a convenient time, and preparedness in the home is not the only place where emergency water may be needed. Facilities such as day-cares, care homes, accommodation providers and workplaces may also need to consider how to prepare in the event of an emergency.

Public health practitioners, including Community Health Nurses, play an important role in informing the public of how to prepare for an emergency. Practitioners can also help the public understand the key risks associated with alternative water sources, and how to respond if they are unprepared or their emergency water supply runs out. This presentation will examine some of the key principles of emergency water preparedness for homes and facilities including the risks associated with seeking alternative water sources and the principles of safe water collection and treatment. A short explainer video is presented as a communication tool for conveying complex information in a simplified manner.



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## O104

### Making the invisible visible through radon action.

Anne-Marie Nicol

National Collaborating Centre for Environmental Health, Vancouver, Canada. Simon Fraser University, Burnaby, Canada

#### Abstract

Radon is an invisible, odorless, radioactive gas and exposure to radon indoors is the leading cause of lung cancer in Canada, after tobacco. Health Canada estimates that over 3,000 Canadians die each year due to radon gas exposure. These deaths are preventable as radon levels can be effectively reduced by testing homes and mitigating where necessary.

Radon education is an important cornerstone of action. Unfortunately, the majority of Canadians are still unaware of the danger posed by radon gas and only 6% of homes have been tested across the country. Radon testing is also important in buildings where children spend time, as reducing radon in early life helps to reduce the overall lifetime burden of ionizing radiation exposure. Policies and practices for radon testing in schools and childcare vary significantly across the country, with some regions and jurisdictions having no testing requirements and others requiring repeated testing. Lack of awareness about radon, how to test, and vague public policy are some of the main hurdles to radon action. Access to test kits, both financially and regionally, is also flagged as an issue. Public health nurses can help address this knowledge-to-action gap by raising awareness about radon and connecting people to trained radon professionals. This presentation will cover the science behind radon's toxicity, an overview of radon testing and mitigation and a summary of agencies leading radon action in Canada. Examples of public health nursing initiatives that include radon gas education will be provided.



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## OS1

### The Community Health Nursing Practice Model and Standards: In Stories, we find Clarity about Living our Standards of Practice

Karen Curry<sup>1</sup>, Patricia King<sup>2</sup>, Lori Boen<sup>2</sup>, Cheryl van Daalen-Smith<sup>3</sup>

<sup>1</sup>VON, halifax, Canada. <sup>2</sup>University of Saskatchewan, Saskatoon, Canada. <sup>3</sup>York University, Toronto, Canada

#### Abstract

We will explore the CHNC Standards through storytelling and guided reflection. The CHNC Professional Practice Model and Standards of Practice, informs the practice of CHN to meet the goal of creating a healthy Canada. We will provide a practical overview of the 2019 update to the model and standards of practice for CHN. Our committee will facilitate a discussion surrounding the nine new practice expectations. The nine new practice expectations include cultural competency, Indigenous ways of Knowing, levels of prevention, disease management, critical appraisal, knowledge translation, interprofessional competencies, and quality improvement. This open session will be interactive as we explore relational practice as a fundamental aspect of community health nursing practice. In the stories, we will find answers to support the integration of the CHNC practice model, standards. This session will provide information to support CHN, students, educators, and managers key information to take back to the workplace and for their own nursing practice. We want to share and give a voice to the innovation, flexibility, and resilience of community health nurses through a discussion of the variety of ways we live our standards of practice in our daily work.



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## OS2

### Accessible Exercise for Community Health Programs with specialized Nordic walking programs for Diabetes and Preventing Falls

Mandy Shintani, Amanda Shintani

North Vancouver, North Vancouver, Canada

#### Abstract

**Open Session Format:** This one hour interactive session will begin with a brief review of the researched benefits of Nordic walking for all fitness levels and ages and why it appeals to patients who are challenging to motivate. Participants will also learn how to tailor the Nordic walking technique for patients with diabetes who want to focus on managing their symptoms and weight management. An alternative technique for less active older adults who want to use specialized walking poles instead of passive devices such as canes will also be taught. The remaining 30 minutes will discuss how Nordic walking programs have been implemented in Family Health Teams and Indigenous communities across Canada for patients and for employee health and wellness programs.

**Project Purpose:** To highlight the success of integrating Nordic Walking programs into primary and secondary care settings including Family Health Teams as well as Community Health Centers to provide patients access to an affordable and accessible form of fitness which provides an increased cardiovascular workout compared to walking and improved balance in one easy to learn work-out. By incorporating programs like these through primary and secondary intervention, patients are offered opportunities to learn this safe and low impact form of fitness while being monitored and encouraged in a positive social setting. Beyond physical benefits, patients can share the positive impact on mood. Nordic walking is enjoyable activity to facilitate the goal of patients continuing their exercise regime beyond the clinic/community health care centres.



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## OS3

### Peer Mentorship in Community Health Nursing Student Experiences: Building Leadership and Resilience for Practice

Patricia King

University of Saskatchewan College of Nursing, Saskatoon, Canada

#### Abstract

**Project purpose:** Nursing within school communities offers constant opportunities to build leadership and mentorship skills for senior nursing students. At the University of Saskatchewan, community health clinical experiences are offered in the final year of the baccalaureate nursing program. This time of change is where students can discover the scope of community health nursing while contemplating their transition to professional practice. In several of our community-based partnerships, faculty utilize a model of practice that is inclusive of relational practice within health education and promotion, advocacy, media production, and policy development. Within these partnerships, nursing students are actively involved in peer mentorship. Peer mentorship fosters reciprocal relationships and shared responsibility among our learners; skills that are transferable to clinical practice.

**Findings:** Community health clinical experiences offer nursing students growth opportunities in leadership and peer mentorship. We use a structured peer mentorship role focused on reciprocity, reflexivity, and responsibility in nursing practice. Within the school-based clinical learning experience, working collaboratively and in professional relationship, nursing students are challenged to embrace the roles process partner, capability developer, thought partner, and collegial supporter. These experiences in peer mentorship prepare students to utilize Standard 4 & 8 of the community health standards of practice and interprofessional competencies proactively.

**Key learning outcomes:** Clinical performance indicators and student anecdotes suggest that students who engage in peer mentorship exhibit increased confidence, independence, and self-efficacy. Peer mentors and mentees share in successes and opportunities for constructive growth and resilience for change, both traits of effective leadership within community health practice.



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## OS4

### Operation Healthy Workplace – The Supervisor’s Playbook

Susan Freeman

CCOHS, Hamilton, Canada

#### Abstract

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Supervising a workplace to ensure that it is healthy and safe while helping manage employee well being through reducing and eliminating stressors and hazards can be challenging. The rewards of operationalizing such goals are to gain a space where healthy individuals work in safe organizations.

Leaders too need to support positive workplace change, accommodations, return to work, and work/life balance, while fostering inclusivity throughout your organization. Plus, leadership and their supervisors need to integrate new factors (psychosocial and psychological) into existing health and safety programs to support prevention efforts.

With mental health plus civility and respect at the forefront of many health and safety program concerns and research findings, this session provides a guided approach plus facilitated discussions to lead you through what choices and practical applications are available. Work processes and actionable steps will be outlined that support hazard recognition, assessment, controls and evaluation, so that healthy workplaces are manageable, measurable and possible.



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## OS5

### Vaccine education and vaccine communication modules

Erin Courtney

Lambton College, Sarnia, Canada

#### Abstract

The Covid-19 pandemic has highlighted that it is more important than ever to support nursing education. Many nurses are being hired by public health to educate and vaccinate clients without having any substantial immunization or vaccine background knowledge. Moreover, with the influx of nurses being hired, public health lacked the time and financial resources to pay for training and education of their frontline nurses.

Therefore, to help close the knowledge gap and provide free resources to frontline nurses, I have developed two free animated and interactive online education modules: Module 1 is *Vaccine 101*, and Module 2 is *Vaccine Communication for Health Care Providers*.

Module 1 teaches learners about the different types of vaccines, their mechanisms of action, as well as adjuvants, preservatives, and other contents of immunizing agents, and rules around safe vaccine storage and handling. Additionally, this module will briefly cover how the immune system works and some interesting facts about the history of vaccines.

Module 2 teaches learners that in today's world of internet access and social media, vaccine hesitancy is a complex matrix. Learners will gain evidenced-based knowledge and information, and communication techniques and strategies to help them navigate and address vaccine hesitancy in their practice.

Each module takes approximately 45 minutes to complete. Knowledge checks are completed throughout the modules, and once the learner is finished, a certificate will be generated. At the conference I will demonstrate the modules and provide information on how to access them.



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## OS6

H.O.P.E.<sup>TM</sup> Approach to Care- elevating practice to empower nurses to make care decisions with their clients.

Sarah Tam Lee, Kaiyan Fu

SE Health, Markham, Canada

### Abstract

The COVID-19 pandemic has had a significant impact on staffing and caring capacity in the home and community practice setting. The current organizational approach to care delivery whereby a client is matched to the first available appropriate nurse has developed in an unintended consequence: clients were hesitant to have different care providers in their home. This hesitancy resulted in declining visits, thus increasing their risk of adverse outcomes. Coupled with nurses feeling overwhelmed with staffing shortages, the approach to care delivery needed to evolve to create and sustain capacity in a resource constrained environment. Through this need, the H.O.P.E.<sup>TM</sup> Approach to Care was developed. This leading organizational model of care provides nurses with optimal autonomy and flexibility to deliver best life, home and community care. Primary nursing is at the core of the model that focuses on maximizing continuity of care for clients and their families. Caseload management and self-directed scheduling are primary nursing competencies supported by optimization of operational processes. The impact of H.O.P.E.<sup>TM</sup> Approach to Care implementation can be seen through improved continuity of care and reports of nurses feeling enabled to fulfill their accountabilities as a primary nurse for their clients. As the organizational model of care, H.O.P.E.<sup>TM</sup> Approach to Care has plans to scale to other health disciplines including personal support and rehabilitation. The tenets of the model can inform how to approach transformational practice change for those who are interested in systems-level change to advance quality care in a resource constrained environment.



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## OS7

### Housing, a Key Social Determinant - New Models for Older Persons

Tazim Virani, Alexis Wise

SE Health, Markham, Canada

#### Abstract

As community nurses we pay witness to where and how people live and how this impacts their health. The World Health Organization and Public Health Agency of Canada have identified housing as a key determinant of health. Finding safe, dignified and affordable housing is a challenge in many parts of Canada, especially housing that meets the needs of older people. The lack of appropriate housing for older adults often leads to pre-mature admission to nursing homes, longer than necessary stays in hospital, and avoidable decline in health and well-being.

In this one-hour session, participants will learn about innovative housing models that are designed to better meet the needs of older adults. By understanding these models, community nurses can play a key role in advocating for and co-creating new housing models in communities across Canada to allow us to age in place and live our best lives in our later years. These models borrow both from the deep knowledge of health experts and from urban planning and design disciplines to deliver culturally relevant, socially connected and age-friendly communities, coupled with supportive programs and services that allow us to remain in our homes for longer.

The session has three components. First, innovative housing models for older persons will be shared. Second, a debate format will be used to discuss the nurses' role in this space. Third, tips and strategies will be shared on how nurses can develop the skills required to advocate for and co-design new housing options in their communities.



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## OS8

### How can Community Health Nurses Promote Equity? Cultural Safety, Trauma- and Violence-informed care and a Strengths Based Approach to Substance Use Workshop

Colleen Varcoe, Annette Browne, Victoria Bungay, Patrice Wright  
University of British Columbia, Vancouver, Canada

#### Abstract

Community health nursing practice is profoundly affected by widening social and health inequities, ongoing colonialism and racism and the persistence of multiple forms of interpersonal (child maltreatment, partner violence) and structural violence (poverty, systemic racism). Consequently, at the 2019 Community Health Nurses Conference in Halifax, participants attending a presentation on the EQUIP program of research and tool kit (<https://equiphealthcare.ca/>), asked for a full workshop to learn how to integrate the strategies and tools related to Equity-oriented care, which we consider includes Cultural Safety, Trauma- and Violence-informed care (TVIC) and a Strengths Based Approach to Substance Use. This session uses a 'station' format in which participants choose three of four stations. After a brief orientation to the session (5 minutes) participants will spend 15 minutes at each of three stations of their choice (or they can choose to stay at one station). At each station, participants will engage in a "hands on" activity aimed at a) advocating toward a CHN workplace that will enable and support equity-oriented care, b) integrating a trauma- and violence-informed approach to practice, c) integrating a Strengths Based Approach to Substance Use, and d) integrating Cultural Safety. At each station, participants will be familiarized with tools to support integration of the ideas in practice and practice a selected strategy. For example, the TVIC station will include an activity to build trust in relation to disclosures of experiences of violence. The session concludes with debriefing and identification of commitments and next steps (10 minutes).



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## OS9

### Injury prevention in the community

Fahra Rajabali<sup>1</sup>, Kate Turcotte<sup>1</sup>, Ian Pike<sup>1,2</sup>

<sup>1</sup>BC Injury Research and Prevention Unit, BC Children's Hospital Research Institute, Vancouver, Canada.

<sup>2</sup>Department of Pediatrics, University of British Columbia, Vancouver, Canada

#### Abstract

Injury is the leading cause of death in Canada for children, youth, and adults up to 34 years of age, yet the majority of injuries are predictable and preventable. Injury is not an isolated problem, it is associated with many of the same determinants that lead to chronic and communicable diseases, mental illness, substance abuse, and is part of a complex puzzle within public health. Leading causes of injury include falls, transport-related incidents, and self-harm. Injury prevention means eliminating hazards and managing risk at all levels of society while maintaining healthy, active and safe communities and lifestyles. Individual and collective choices are influenced by the social, economic and physical conditions where people live, work, learn and play. Injury prevention can be addressed through the 3Es to influence behaviour change: education, enforcement of policy, and engineering. Injury prevention efforts complement and benefit from work on other public health issues and can be considered as part of the overall solution to improving the health of individuals, families and communities. This workshop will address the leading causes of injury for targeted groups (e.g., small children, seniors), identifying risk and protective factors, moving beyond surveillance to action, practical investments in evidence-based injury prevention, building partnerships and working collaboratively, addressing the social determinants of health, and the role of social marketing.

Learning Objectives: To understand the burden of injury, leading causes of injury for target populations, and approaches to evidence-based injury prevention; and to be introduced to an overview of injury prevention initiatives and resources.



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## OS10

### Catalyzing community health nurses as a key force in equitable artificial intelligence: A proof of concept in wound care

Charlene Ronquillo<sup>1</sup>, Chantelle Recsky<sup>1</sup>, David Shifflet<sup>1</sup>, Dawson Penner<sup>1</sup>, Shirley Chau<sup>1</sup>, Xiaoxiao Li<sup>2</sup>

<sup>1</sup>University of British Columbia Okanagan, Kelowna, Canada. <sup>2</sup>University of British Columbia, Vancouver, Canada

#### Abstract

This study is the first in a program of research that will establish the foundations to mobilize community health nurses (CHN) as a force towards developing equitable Artificial Intelligence (AI) for health systems. The expertise of CHN are underutilized despite their unique position in directly shaping the future possibilities of artificial intelligence (AI) in health systems: CHN are primary providers of wound care, have intimate knowledge of how health equity considerations affect wound trajectories and how health equity issues are manifested in individuals' daily lives, and are the largest data producers in health systems. Using qualitative grounded theory approaches, we are developing a “health equity dictionary” - a gold standard corpus of health equity words and phrases used by community health nurses in their narrative clinical notes within EHRs. The resulting health equity dictionary will subsequently be used in a future study that will develop an AI algorithm to predict wound infections in the community, that draws from nurse-generated narrative clinical notes and incorporates health equity considerations. In this interactive forum, we will present the preliminary results of the ongoing study and engage CHN across the country in discussions about the nature of health equity documentation in the community. Key learning outcomes for attendees include: 1) learning about current developments about AI in nursing and; 2) catalyzing a national conversation on community health data and its potential to contribute to equitable AI.



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## OS11

### Mentorship: A Leadership Development Strategy

Ruth Schofield<sup>1</sup>, Genevieve Currie<sup>2</sup>, May Tao<sup>3</sup>, Francoise Filion<sup>4</sup>, Mary-Ann Taylor<sup>5</sup>, Kerrienne Thompson<sup>6</sup>

<sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>Mount Royal University, Calgary, Canada. <sup>3</sup>Toronto Public Health, Toronto, Canada. <sup>4</sup>McGill University, Montreal, Canada. <sup>5</sup>Coastal Community of Care, Vancouver, Canada. <sup>6</sup>Durham Public health, Oshawa, Canada

#### Abstract

Mentorship is an important tool in developing effective nursing leaders. In 2015 the Leadership Competencies for Public Health Practice in Canada were released. They describe the knowledge, skills, and attitudes necessary for public health nursing (PHN) leaders within the public health domain. Furthermore, the LEADS framework (CCHL, 2013) informs both the leadership competencies for PHN practice and leadership development for all community health nurses (CHNs). Through the CHN Leadership Institute mentorship program, CHNs use a leadership framework to foster leadership development while influencing, motivating, and enabling others to act on the social determinants of health as agents of change. A literature review conducted by the CHN Leadership Institute, identified elements of a successful mentorship program. Based on this literature review, a pilot leadership mentoring program was developed and implemented in 2018-2019. Since the pandemic, additional dyads have formed and continue to meet. We are eager to grow the mentorship program (mentees and mentors) with our virtual conference. In this network café, participants will learn or continue learning about the roles and expectations of mentors and mentees, processes, and resources available, and the results of the mentorship project to date. Join us in this interactive virtual network café as we participate in the implementation of a leadership mentoring program. The learning outcomes are: describe the progression of the leadership mentoring program, explain mentoring as an opportunity for leadership development, summarize the benefits and challenges of the mentoring program evaluation, and discover strategies using mentorship for nursing leadership.



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## OS12

### Introduction to Health Equity Online Course

Dianne Oickle

National Collaborating Centre for Determinants of Health, Antigonish, Canada

#### Abstract

The National Collaborating Centre for Determinants of Health and Public Health Ontario co-created and co-released the Introduction to Health Equity online course. Relevant to the Health Equity conference theme, the course consists of five modules - 1) What are Health Inequities? , 2) Pathways to Health Equity, 3) Acting to Improve Health Equity, 4) Reflections on World Views, and 5) Building Organizational Capacity for Equity Work.

Key equity concepts are explored, as well as data on health inequities in Canada, pathways that create health inequities, values supporting health equity focus, barriers and supports to address health equity, and organizational capacity for health equity action. After completing the modules, learners will understand concepts of health equity and the social determinants of health, self-reflect on learnings, illustrate concepts involved in health equity organizational capacity, and provide examples of effective health equity action (learning outcomes). Evaluation will inform how modules support learning, user satisfaction, accessibility, and application to public health practice.

Module content is available online and in PDF format, in both English and French, and includes written text, video, online links, practical scenarios, definitions, additional resources, and complete references. This online course is relevant to community and public health nurses at all levels of the health system including front line, management, decision makers, and formal leadership. Nursing professionals can use this tool to support professional development, staff orientations, student education, and research to build knowledge, skills and attitudes needed to build a strong organizational foundation for health equity action.

This multi-media session will facilitate hands-on module use through live demonstration and activity completion.



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## OS13

### Community Health Nurses work Interprofessionally for REACH (Real Education About Cannabis and Health)

King King<sup>1</sup>, Jennafer Klemmer<sup>1</sup>, Holly Mansell<sup>2</sup>, Kerry Mansell<sup>2</sup>

<sup>1</sup>College of Nursing, University of Saskatchewan, Saskatoon, Canada. <sup>2</sup>College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Canada

#### Abstract

**Project purpose:** With the legalization of recreational cannabis in Canada, community health nursing faculty forged an interprofessional, community-based partnership with a focus on health education, health promotion, and capacity building for youth.

The 260-hour interprofessional clinical rotation involving nursing and pharmacy students allowed for the opportunity to strategically collaborate with youth (grade 7-10) to create and refine an educational program about cannabis. The clinical placement took place within diverse sociodemographic populations. Key grassroots partnerships between the College of Nursing at the University of Saskatchewan and schools in Saskatoon participated. Clinically, nursing students provide service in the area of community partnership, capacity building, and community development.

**Findings:** After the clinical placement, fourth-year nursing and pharmacy students created REACH (Real Education about Cannabis and Health). The curriculum resource consists of lesson plans covering the science of cannabis, social implications of use, peer pressure, decision making capacities, and harm reduction principles. Embracing media advocacy, each module includes an accompanying video wherein youth share their previous misconceptions and developing perceptions about cannabis, and why they choose not to use it. Preliminary feedback suggests the materials are both engaging and informative.

**Key learning outcomes:** Faculty mentors modelled several overlapping CHN standards, and nursing students learned about the processes and outcomes of promoting health for youth. Our interprofessional clinical collaboration created an authentic, responsive program about cannabis for youth. A future study will evaluate the effectiveness of the REACH curriculum resource for grade 7 & 9 youth.



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## OS14

### Opportunities for community health nurses to engage in equity-focused climate change responses

Pemma Muzumdar

National Collaborating Centre for Determinants of Health, Antigonish, Canada

#### Abstract

The climate emergency has been recognized as one of the world's most urgent threats to health. Several organizations, including the Canadian Nurses Association, have engaged in related advocacy, most recently in advance of the 2019 federal election. It has been widely reported that the impacts of climate change disproportionately affect those who are most vulnerable, that climate change exacerbates existing health inequities, and that acting on the structural and social determinants of health is key to developing climate resilient communities. As responses to a changing climate emerge, there is a unique opportunity to articulate the role of community health nurses, and to centre health equity in responses.

Four well-established public health roles for improving health equity have already been applied across Canada to varying degrees: 1) Assess and report on inequities; 2) Modify and orient interventions to reduce inequities; 3) Partner with other sectors to identify ways to improve health outcomes for populations who are vulnerable due to marginalization; 4) Participate in policy development to determinants and inequities. During this session, participants will hear a brief presentation before engaging in a participatory "gallery walk" to analyze these roles in relation to climate change actions. Key learning outcomes include an increased understanding of the relationship between climate change and health equity; increased awareness of evidence-based resources on climate change and health equity; and an increased knowledge of the equity-focused actions and roles that community health nurses can take to mitigate and adapt to a changing climate.



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## OS15

### Developing Public Health Nursing Competencies through Virtual Simulation Games

Ruth Schofield<sup>1</sup>, Joanna Pierazzo<sup>1</sup>, Cynthia Baker<sup>2</sup>, Marian Luctkar-Flude<sup>3</sup>, Jane Tyerman<sup>4</sup>, Andrea Chircop<sup>5</sup>, Genevieve Currie<sup>6</sup>, Denise Kall<sup>7</sup>, Stacy Oke<sup>8</sup>, Dawn Mercer Riselli<sup>9</sup>, Maureen Ryan<sup>10</sup>, Tanya Sanders<sup>11</sup>, Susan Tam<sup>12</sup>

<sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>CASN, Ottawa, Canada. <sup>3</sup>Queens University, Kingston, Canada.

<sup>4</sup>University of Ottawa University, Ottawa, Canada. <sup>5</sup>Dalhousie University, Halifax, Canada. <sup>6</sup>Mount Royal University, Calgary, Canada. <sup>7</sup>St. Lawrence College, Brockville, Canada. <sup>8</sup>University of Calgary, Calgary, Canada. <sup>9</sup>Athabasca University, Athabasca, Canada. <sup>10</sup>University of Victoria, Victoria, Canada.

<sup>11</sup>Thompson River University, Kamloops, Canada. <sup>12</sup>Ryerson University, Toronto, Canada

#### Abstract

Public health nursing competencies are essential learning outcomes in BN/BSN programs in Canada. The competencies prepare graduate nurses to engage in promoting health and reducing health and wellness inequities by addressing the social determinants of health. One strategy to provide and enhance clinical practice in community health is through simulated-based learning. Virtual simulations are an engaging, accessible, and cost-effective teaching and learning strategy found to yield results similar to traditional in-person simulations in terms of knowledge, skill, and self-confidence among learners. Currently, most virtual simulation games in undergraduate nursing education focus on nursing care within hospital settings. To address the gap in public health nursing education, three video-based serious games were created to increase the depth of student understanding of how to address determinants of health. The simulation is an unfolding case study, focused on community assessment, health promotion, and program planning and evaluation. In addition, a companion guide, to support nurse educators with pre-simulation preparation, pre-briefing, facilitation, debriefing, and reflection was developed. These innovative tools are critical for ensuring the achievement of the intended learning outcomes and supporting learning in schools of nursing across Canada. The games are freely accessible to all learners and available in French and English.

Susan Tam,



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## OS16

### (Re)storying Canadian Nursing History with a Post Colonial Indigenous lens: How do we begin the journey to decolonize our hearts and minds and put Cultural Safety into Action?

De-Ann Sheppard

Cape Breton University, Sydney, Canada. University of Toronto, Ontario Institute Studies in Education, Toronto, Canada

#### Abstract

The profession of nursing has been called to reconcile with Action by the Truth and Reconciliation Commission of Canada (2015) and to Justice by the National Inquiry to Missing and Murdered women (2019). As we celebrate the year of the nurse and midwife in 2020 how do we understand our nursing history in Canada. PhD candidate at OISE, Adult Education and Community Development with specialization in Indigenous health, my research examines how we (re)story nursing history from an Indigenous perspective. Commitment to the journey of decolonizing our nursing practice requires both courage and action. Grounded in Kreiger's Eco-social analysis of racism and health, participants will hear of Canadian nursing hi(story) through a critical Indigenous feminist lens. With the rhetoric of cultural safety how do we in our everyday nursing practice consider Standard 2, from both (F) a harm reduction and (G) culturally safe perspectives. The goal of this presentation is to provide a safe, decolonized space for Indigenous and non-Indigenous nurses to speak their truth, share their knowledge, and to strengthen and invigorate their practice, research, and leadership potential. *Etuptmumk* (two-eyed seeing) bridges between Indigenous Knowledge Systems and western science. The tenets of respect, reciprocity, relevance, and responsibility will be embedded in this talking circle to co-create knowledge that contributes to the health and wholeness of community, to generate actionable ideas, and to identify areas for future research. Key Learning Objective: Participants will have a transformative learning experience, informed by Indigenous pedagogies learning to create decolonized spaces/practices.



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## OS17

### Let's talk: values and health equity

Pemma Muzumdar

National Collaborating Centre for Determinants of Health, Antigonish, Canada

#### Abstract

Social and cultural values are structural drivers of health inequities. Values shape our attitudes, beliefs, and everyday decisions at the individual, institutional, organizational, and public policy level. Exploring how we live our values in relation to health equity action requires engaging in brave conversations. This is important because having these conversations can support alignment between what we say is important and what we actually do on both a micro and macro scale.

Participants in this session will engage in facilitated small group activities to analyze their own values in the context of health equity, and reflect on the values that support a health equity orientation. Following this, participants will explore strategies to shift values in favour of health equity. Key learning outcomes include describing values that support health equity, analyzing health equity values in relation to action (or inaction) on the social determinants of health and health equity; and increasing knowledge of strategies to shift organizational culture as well as societal values.



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## OS18

### Effect of scaling up family planning on maternal survival: Spectrum modeling

Alex Yeshaneh

Wolkite University, Wolkite, Ethiopia

#### Abstract

##### **Introduction:**

According to the Fragile States Index, Ethiopia is one of 15 countries which were considered to be “high alert” maternal mortality. The current trend of maternal and child mortality reduction is not sufficient to achieve the sustainable development goal three of maternal and child mortality reduction. This paper aimed to model the effect of scaling up family planning on pregnancies, live births, still birth, abortion, maternal mortality in Ethiopia.

**Methods:** We used spectrum software package to model impact of family planning on maternal and child survival. Spectrum has different modules consisting of demproj module, famplan module, LiST (life saved tool, AIM (Aids Impact model). We have used famplan and LiST modules for this particular paper. Base line national data were taken from findings of Ethiopian demographic and health survey 2016 results, World Bank and WHO country specific reports.

**Results:** Total fertility rate will decline to 3 children per women by the year 2030 when contraceptive prevalence is scaled up by 2% annually from 2016 to 2030. As a result of scaling up family planning use to 58% by 2030 around 3.17 million additional unintended pregnancies can be averted. Unmet need for family planning will significantly decline to below 5% by 2030

Ninety four thousand unsafe abortions could be averted and 1233 additional maternal lives can be saved by scaling up contraceptive use to 58% by 2030 in Ethiopia.

**Conclusion:** Considerable proportion of unintended pregnancies and unsafe abortion can be averted by scaling up contraceptive prevalence by 2% annually until 2030.



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## OS19

### Community Health Nurses: Leaders for Health Equity

[Genevieve Currie](#)<sup>1</sup>, [Ruth Schofield](#)<sup>2</sup>, [Francoise Filion](#)<sup>3</sup>, [May Tao](#)<sup>4</sup>, [Mary-Ann Taylor](#)<sup>5</sup>, [Kerrienne Thompson](#)<sup>6</sup>

<sup>1</sup>Mount Royal, Calgary, Canada. <sup>2</sup>McMaster University, Hamilton, Canada. <sup>3</sup>McGill University, Montreal, Canada. <sup>4</sup>Toronto Public Health, Toronto, Canada. <sup>5</sup>Coastal Community of Care, Vancouver, Canada.

<sup>6</sup>Durham Public Health, Oshawa, Canada

#### Abstract

The voices of community health nurses (CHNs) “Leaders for a Healthy Canada” were heard in a national survey. This survey, which was conducted by the Community Health Nurses of Canada (CHNC) Leadership Standing Committee, in collaboration with the National Collaborating Centre for the Determinants of Health, and Brandon University, Department of Nursing, explored how health inequities among client populations contributed to moral distress experienced by CHNs during the pandemic and. Findings related to solutions and leadership actions in addressing health inequities among client populations during the pandemic will be the focus of this network café. Key potential solutions recognized by CHNs were to advance health equity and expand relationships and partnerships. CHNs identified leadership actions of building community partnerships/coalitions and transforming the system by addressing the root causes of inequities, leveraging opportunities post-pandemic, and aligning action-orientated decisions with public health priorities. In an interactive network café, key strategies for system change addressing health inequities will be shared. The learning outcomes are: describe solutions to advance health equity among client populations, examine the leadership actions and tools available, and explore strategies to support system transformation and advance health equity.