

**FB1**

**Nursing Peer Support: A Network for Nurses working in Indigenous Communities in New Brunswick**

Lisa Stafford<sup>1</sup>, Suanne Perley<sup>1</sup>, Cheryl Chisholm<sup>2</sup>

<sup>1</sup>Bilijk Wellness Centre, Bilijk First Nation, Canada. <sup>2</sup>Indigenous Services Canada, Halifax, Canada

**Abstract**

Historically, the nursing profession has focused on the meaning and application of mentorship and preceptorship as an element of nursing practice (Canadian Nurses Association, 2004). More recently, nursing peer support has emerged in the literature. The research is promising: It is positively correlated with improved individual and team well-being; improved organizational culture; mitigates stress-related physiological symptoms; increases feelings of empowerment, personal resourcefulness, and self-efficacy. Nursing peer support also offers psychological safety - when nurses feel psychologically safe it improves quality of care and patient safety.

In 2023, Lisa Stafford, Health Director at the Bilijk Wellness Centre, identified concerns based on observations and conversations with front line nurses about feelings of overwhelm and isolation in their community health nursing roles. This sparked a collaborative relationship and a vision to create a safe and supportive peer support network for nursing colleagues working in Indigenous communities in New Brunswick.

The network is grounded in the goal, philosophical principles and standards of practice of the Canadian Holistic Nurses Association (2022). Participants meet virtually monthly and facilitators provide opportunities to learn and find inspiration in exploring holistic ways of healing, self-awareness, empowerment, and self-discovery in the spirit of health and well-being. It develops nursing peer relationships that foster compassion, strength, and connectivity. The network also provides care to empower nurses to achieve a personal balance of body, mind, and spirit as they support community clients experiencing a range of complex needs.

A talking circle will offer participants an opportunity to explore a healing practice.

**FB2**

**Lack of nursing evidence? The development of a consensus statement for nurses using pre-drawn subcutaneous medications for community palliative care patients**

Nicole Wikjord<sup>1</sup>, Della Roberts<sup>2</sup>, Queenie Tsang<sup>2</sup>, Rachel Carter<sup>2</sup>

<sup>1</sup>First Nations Health Authority, Vancouver, BC, Canada. <sup>2</sup>BC Centre for Palliative Care, New Westminister, BC, Canada

**Abstract**

Without injectable subcutaneous medications administered at home by family care givers, people with palliative diagnoses may suffer poorly managed symptoms and be unable to die comfortably at home. Community Health Nurses (CHN) are key to supporting safe, effective preparation and administration of the prescribed subcutaneous medications in these situations.

Issue- In Canada, it is common for community health nurses to pre-draw and label subcutaneous medications for caregivers to administer to patients at home. However, there are no evidence based guidelines, specific to this population or medication route so we have developed a consensus statement as a step towards filling this gap.

Solution- In this interactive Networking Café, participants will learn:1) Why a Delphi process was used to develop a consensus statement, particularly when there is a lack of research/evidence and/or situations with clinical complexity, 2) Who and how the 'expert panel' was chosen 3) Factors and considerations for using pre-drawn syringes in the community setting, 4) How and when to use the Consensus Statement to guide their practice in community settings; including CHN standards of practice (maintaining relationships with person and their caregiver; optimize self-determination)

The first half of this session will focus on items 1-3, including the evidence from literature review, environmental scan, people with lived experience, and expert panel. For the second half of the session will cover item 4. Participants will discuss how they can put into action the Consensus statement as new evidence in their own community health nursing practice.

**FB3**

**Taking the lead – Employing nursing knowledge to advance health equity for Canadian Veterans**

Margaret Fry<sup>1</sup>, Lisa Garland Baird<sup>2</sup>

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**Abstract**

Theme: Nursing led research

The Veterans Affairs Canada (VAC) Veterans' Well-being Community Health Needs Assessment (CHNA) aims to engage with equity-deserving Veterans nationally to identify their health and well-being strengths and needs.

Led by two nursing leaders with a dynamic interdisciplinary team, the CHNA uses a participatory, mixed-methods research approach to explore the underlying systemic/organizational factors that create health inequities for women, 2SLGBTQI+, Indigenous, Black and racialized Veterans, and Veterans with disabilities. Data collection strategies include Veteran/Stakeholder engagement, literature review, secondary data analysis, interviews, and focus groups.

Women, Indigenous, and 2SLGBTQI+ Veterans identify they lack access to primary care and community health/social providers who understand military culture, challenges with re-establishment in civilian life post military service, and can offer trauma-informed care. This can significantly impact these Veterans' health outcomes as they transition to civilian life. Findings can advance community health nursing practice via inclusion of content related to military culture, barriers/facilitators to healthy post service transition, understanding Veterans' strengths and needs, and trauma-informed and de-colonial care in continuing education resources and best practice guidelines to provide culturally safe care for all Veterans.

Nurse led CHNAs that employ participatory research approaches demonstrate utility in advancing evidence-informed, culturally safe community health nursing practice and in facilitating equitable health outcomes for unique and diverse populations.

Learning Outcomes:

Advance CHN practice using CHNA approach; Generate opportunities for participatory, mixed-methods research; Build, lead, and inspire interdisciplinary teams; Strengthen CHN visibility and identity in Federal departments; Enhance learning about equity-deserving Veterans.

**FB4**

**"Nothing about us without us": Grounding health care transformation in engagement with First Nations people**

Emma Strobell, Tessie Harris, Gina Gaspard, Sheila Marentette, April Coulson, Melissa Forsyth, Nicole Wikjord, Sue Bartnik

First Nations Health Authority, Vancouver, Canada

**Abstract**

Advancing health equity for Indigenous people demands that health care services and approaches be rooted in Indigenous ways of knowing and being and promote self-determination. This honors and reflects that Indigenous peoples are the experts in their own care and needs. Current inequities in our health care system, such as poor access or safety of health services and programs, remain as barriers to achieving wellness. Cultural safety and humility (CSH), trauma-informed practice, and Indigenous Specific Anti-Racism are guiding principles in removing barriers at all levels of community health practice, and must be guided by Indigenous perspectives. Engagement and partnerships are cornerstones of health care system transformation that is community-driven and Nation-based to increase equity and safety in the system.

Meaningful engagement invites critical self-reflection, intentional balancing of opportunity and power, and requires flexibility, curiosity and willingness to unlearn colonial mindsets. Recognition of diverse worldviews, systemic barriers, and colonial harm moves community health nurses closer to providing accessible, respectful and safe(r) care for all.

This presentation will illustrate clinician's learnings and unlearnings in engagement and partnership, and share examples of projects, guided by FN people, related to the health and wellness of First Nations (FN) people living with chronic conditions and serious illness (Standard 4). Through facilitated discussions we will explore engagement strategies that commit to the maxim 'Nothing about us without us' and consider how person-centered engagement supports our own and collective CSH journeys, contributing to safe(r) and more equitable health care.

**FB5**

**Empowering and improving the care of older adults who are isolated or lonely, through clinical practice change across Canada**

Dr. David Conn<sup>1,2</sup>, Tanya Billard<sup>3</sup>, Suzanne Dupuis-Blanchard<sup>4</sup>, Amy Freedman<sup>2,5</sup>, Peter Hoang<sup>2</sup>, Melanie Levasseur<sup>6</sup>, Nancy Newall<sup>7,8</sup>, Mary Pat Sullivan<sup>9</sup>, Andrew Wister<sup>10</sup>

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**Abstract**

In Canada, older adults are facing growing rates of social isolation and loneliness. This can hurt both their physical and mental health. But loneliness and isolation are not an unavoidable part of aging. Working together, we can strengthen social connections to help maintain good health.

While the risks are serious, they are not inevitable. Increased social engagement has been linked to decreased disability and premature death. Some examples of social engagement include in-person or online social connections, volunteering and community participation, as well as physical activity.

The Canadian Coalition for Seniors' Mental Health is developing clinical guidelines to support health and social service providers in their professional roles to assess and address social isolation and loneliness among older adults.

CCSMH will present the recommendations contained in the clinical guidelines and will be seeking insights and perspectives from participants with respect to the integration of the recommendations and knowledge translation tools into practice.

Key learning outcomes include:

1. Overview of the current status of clinical guidelines related to social isolation and loneliness in older adults.
2. Explore different approaches for implementation of the various recommendations contained within the guidelines.
3. Integrate recommendations and knowledge translation tools into clinical practice.

**FB6**

**Building Excellence in Clinical Leadership**

Sandra Li-James<sup>1</sup>, Susan Ludwig<sup>2</sup>

<sup>1</sup>VHA Home HealthCare, Toronto, Canada. <sup>2</sup>SLudwig Consulting, Toronto, Canada

**Abstract**

Clinical Leaders play a significant role in influencing quality and safety for clients and staff especially in home health care given the dispersed workforce. Often point of care leaders are promoted to formal leadership roles with informal mentorship and a lack of formal clinical leadership preparation. A home care organization developed a clinical leadership program based on literature and needs assessment to increase leaders' confidence and skills, and growth mindset, improve team and individual performance, enhance engagement and support clinical excellence. Improvement of self-awareness and communication skills were integrated throughout the sessions.

The inaugural program was delivered in a multi-model format that included experiential and peer learning to promote application of knowledge while strengthening collaboration across teams. Participants included supervisors and clinical leads for nursing, rehab providers and personal support workers. Evaluation included immediate feedback after each session, pre-post application (including feedback from immediate manager) one month, 6 months and 12 months to determine impact and sustainability. Overall feedback has been positive and 73% of participants indicated that they can apply this learning in their role to a significant or very significant extent.

This program supports leaders to develop the practical foundational skills and abilities to support and grow point of care clinicians and increase their own leadership effectiveness and is the steppingstone to general leadership programs. This will be of interest to those who wants a formal program to foster capacity-building in their clinical leaders. The content may be used to adapt the program to meet their organization's .needs.

**FB7**

**Planetary Health Toolkit for Nurses: Building nursing capacity for human and planetary health.**

Fiona Hanley<sup>1,2</sup>, Émilie Tremblay<sup>3</sup>, Linsday Komar<sup>4</sup>, Jacqueline Avanthay-Strus<sup>5</sup>

<sup>1</sup>McGill University, Montreal, Canada. <sup>2</sup>Canadian Association of Nurses for the Environment, Montreal, Canada. <sup>3</sup>University of Ottawa, Ottawa, Canada. <sup>4</sup>University of Alberta, Edmonton, Canada. <sup>5</sup>Université de Saint-Boniface, Winnipeg, Canada

**Abstract**

Project purpose: Climate change is of intensifying concern in present-day healthcare, with an critical need for nursing expertise in supporting patients, communities and health care systems in reducing risks and adapting to impacts of climate events.

In response to this growing urgency, the Canadian Association of Nurses for the Environment (CANE) and the Canadian Federation of Nurses Unions (CFNU) have created a Planetary Health Toolkit for Nurses to support nurses in addressing these challenges.

The toolkit introduces nurses to concepts of planetary health, climate change and health impacts, co-benefits of climate action, and offers ideas and resources to nurses in addressing climate change in direct patient care, in the healthcare unit, and in engaging with leadership in the healthcare setting. It also describes health care sector contributions to the climate crisis and offers clear guidance for nurses in addressing climate change at multiple levels including in clinical practice, for increased climate change resilience and adaptation at all levels of health care delivery.

Learning outcomes. Participants of this session will acquire practical knowledge about impacts of climate change on health and strategies to integrate this knowledge into clinical practice wherever their practice. They will also be introduced to an annotated living list of resources from expert sources. Nurses armed with knowledge, skills, and supportive networks can promote planetary health and lead efforts to achieve health care sustainability now and in the future.

**FB8**

**What We Need to Do to Evolve as an Inclusive Practice Community: Successful Transition of Internationally Educated Nurses**

Vanessa House<sup>1</sup>, Ruth Wojtiuk<sup>2</sup>, Meghan Wankel<sup>2</sup>

<sup>1</sup>Compassion HomeCare, St. John's, Canada. <sup>2</sup>CARE Centre for Internationally Educated Nurses, Toronto, Canada

**Abstract**

Traditionally, internationally educated nurses (IENs) seeking licensure in Canada have limited access to mentorship and exposure to diverse practice settings, such as community-based care. With over two decades' experience, CARE Centre for IENs, a government-funded non-profit agency, collaborates with nursing leaders and stakeholders to assist IENs in becoming licensed and employed across Canada. Based upon the presenters' knowledge and experience, we will facilitate an interactive discussion with attendees to define existing challenges, review proven interventions, explore innovative strategies to address these challenges, guide innovative sustainable change, and unpack systemic barriers to achieve organizational diversity and equity. The presentation will share nursing success stories and highlight the most advanced tools and learnings for recruiting, orienting and retaining internationally educated nurses into community-based practice.



**FB9**

**The power of community partnerships: Conversations with community health nursing researchers on advancing equity**

Dr. Shahin Kassam, Dr. Vicky Bungay

University of British Columbia, School of Nursing, Capacity Research Unit, Vancouver, Canada

**Abstract**

Establishing partnerships with communities toward collaboratively creating and applying strategies to enhance the health of populations is a core competency among community health nurses in Canada. This dialectic, or intellectual exploration, is a conversation with an expert community-based researcher and her postdoctoral research fellow on the application of research methods that privilege community expertise. Two contextual applications will be highlighted. One will center on a three-year community-based, participatory action study framed by a women-led, trauma and violence informed model of outreach in the Downtown Eastside Neighbourhood of Vancouver, British Columbia. Steered by the lived experiences of women and the lead community partner, Inner-City Women’s Initiatives Society, this study will demonstrate key principles of community-based research from a nursing perspective. A second contextual application will center on an emerging community based program of research focused on women living within intersections of gender-based violence, racism, and migrant status. This study will demonstrate a building partnership between community settlement services including lead community partner, DIVERSEcity Community Resource Society, and nursing. Shared principles between these two studies will be discussed including reciprocity, inclusion, and decolonization. Our dialectic will highlight how these principles are critical to community health nursing competencies across diverse care provision, education, and leadership settings including community engagement, sharing power, and building capacity. Key outcomes of this session include advancing equity within complex populations through developing trusting relationships with community stakeholders, embedding inclusion effectively into community engagement processes, and advancing decolonizing nursing practices to promote community health.

**FB10**

**Building healthcare coalitions: Finding common ground through standardization of best practices for patient safety.**

Matthew Wong<sup>1</sup>, Charlie Byer<sup>2</sup>, Olesya Kochetkova<sup>3</sup>, Sarah Burns<sup>4</sup>, Michelle Pothier<sup>5</sup>, Tanya Baker<sup>6</sup>

<sup>1</sup>VHA Home HealthCare, Toronto, Canada. <sup>2</sup>SE Health, Markham, Canada. <sup>3</sup>VON Canada, Toronto, Canada. <sup>4</sup>CarePartners, Kitchener, Canada. <sup>5</sup>Paramed, Markham, Canada. <sup>6</sup>Bayshore HealthCare, Mississauga, Canada

**Abstract**

The post-pandemic health care environment remains heavily nuanced and complex, requiring leaders to think innovatively and creatively while acting boldly to meet client care needs and enhance the clinical outcomes and provider experience. Within Ontario home and community care (HCC), a community coalition – “...a group of individuals representing many organizations who agree to work together to achieve a common goal” (The Society for Public Health Education, n.d.) was developed to effect change through process standardization, leading to system efficiencies. Developing a community coalition is significant in that Ontario has a managed competition model of home and community care with healthcare service provision divided among independently operated Service Provider Organizations (SPOs) who have historically competed for geographical market share with limited willingness to collaborate.

Despite historical competition and organizational differences, professional practice teams at HCC SPOs rallied around a shared vision for standardized practices supporting quality, equitable, patient-centered care. This mutual understanding led to the development of a strong coalition of nursing leaders representing a majority of Ontario’s HCC sector collaborating to develop an action plan of goals and objectives while leveraging subject-matter experts to co-develop evidenced-based practice recommendations to be used across SPOs.

This talking circle/fishbowl discussion is designed for audience members who want to learn techniques and tips on how to create a coalition and implement sustainable change. This dynamic and interactive session will leverage a HCC case study and other examples to demonstrate how a coalition framework can be highly effective when implemented in varying contexts.

## **OS18**

### **Nurse led “Virtual Healthcare Corner” aims to promote health among elderly population and decrease the burden on the Emergency/Urgent care departments**

Jiadong Bao, Karen Stevens

Victoria Community Health Coop, Victoria, Canada

#### **Abstract**

##### Introduction

With the national shortage of General Practitioner (GP)/Nurse Practitioner (NP), elderly population in Canada is experiencing unprecedented hardship when accessing healthcare. However, there are many virtual healthcare services available. Nurse led “Virtual healthcare corner” at our community health centre aims to bridge the gap between virtual healthcare and elderly population. Nurses will link patients with appropriate virtual healthcare providers to meet patients’ healthcare needs. Nurses at our community health center will assist with patients’ healthcare needs and follow up with patients after their virtual appointments with providers.

##### Process

- Patients will make nursing appointments at our community health centre.
- Patients will express their health concerns to nurses.
- Nurses will then make virtual healthcare appointments (see list below) for elderly patients, and the patient will attend their virtual appointment at our “virtual healthcare corner” within our community health centre. Patients can also opt in for the nurse to “sit in” with them during the appointment.
- Nurses will then make follow up appointment with patients if needed.

##### Virtual healthcare

CanScreenBC: online cancer screening services

Dr. Refill: online prescription refill services

TIA: online general practitioner services

##### Conclusion

CHNC2024: Community Health Nursing – Health for All

**Abstract Book**

*Abstract are sorted by presentation type. For the latest version of the program, please consult the online interactive program at <https://bit.ly/CHNC2024program>*

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With the help of “virtual healthcare corner,” elderly population can now access virtual healthcare and have their healthcare needs met. “Virtual healthcare corner” promote health among elderly population and decrease ER visits.

## **OS1**

### **“(Re-) discovering the Tapestry of the CHNC Standards and Competencies: Appreciative Interviewing and Stories from the Field.”**

Patricia King<sup>1</sup>, Poonam Sharma<sup>2</sup>, Cheryl van Daalen-Smith<sup>3</sup>, Andrea Chircop<sup>4</sup>, Leinic Chung-Lee<sup>5</sup>, Barbara Chyzy<sup>6</sup>, Karen Curry<sup>4</sup>

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#### **Abstract**

*“In the tapestry of life, we are all connected. Each one of us is a gift to those around us, helping each other be who we are, weaving a perfect picture together.”*

*Anita Moorjani*

We are Community Health Nurses. We are all connected. We each carry a breadth of knowledge and skills. And we are all grounded in our practice by our CHNC Professional Practice Model and Standards of Practice. These documents provide all Canadian community health nurses a framework from which to achieve excellence and intentionality in clinical practice.

The goal of this liberated structure style session is to engage nurses from across the country to share practice reflections from lived experiences through story. It is from our stories and shared experiences that we learn from one another while (re-) discovering our standards of CHN practice.

Using strength-based approaches and appreciative interviewing we will highlight how and when the CHCN standards are used effectively in practice. We will discuss how we support integration of the CHNC practice model and standards. Together we will explore stories of relational practice using reflection in action, on action, and for action while voicing the innovation, flexibility, and resilience of community health nurses. We will discover that in the tapestry of practice in community health nursing, stories shape our experiences, our actions, our reflections, and our growth opportunities.

## CHNC2024: Community Health Nursing – Health for All

### **Abstract Book**

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There are several learning outcomes for participants including contemplation, reflection, collaboration, dialogue, learning assessments, and professional goal setting.

**OS2**

**Utilizing the community health nursing standards to understand the experiences of migrant 2SLGBTQIA+ students**

Roya Haghiri-Vijeh<sup>1</sup>, Christine Huel<sup>2</sup>, Ilo-Katryn Maimets<sup>1</sup>

<sup>1</sup>York University, Toronto, Canada. <sup>2</sup>University of Victoria, Victoria, Canada

**Abstract**

Migrant 2SLGBTQIA+ college and university students face unique challenges in developing a sense of belonging and safety based on complex intersecting factors related to language ability, racism, heterosexism, genderism, cissexism, class, and cultural differences between their personal and family lives. These factors may be compounded by the experiences of pre-and-post migration trauma, stressors related to these traumas, acculturation, and experience of social exclusion and discrimination. In feeling safe, affirming spaces are of paramount importance for the mental well-being of migrant young adults in Canada.

The purpose of this presentation is three-fold. First, to discuss the preliminary findings from a rigorous scoping review that explores the experiences of migrant 2SLGBTQIA+ college and university students. Next, to utilize the Canadian Community Health Nursing Standards of Practice on health promotion, capacity building, health equity, and evidence-informed practice, and expand the innovative approaches of community health nurses and public health nurses to include support for migrant 2SLGBTQIA+ college and university students. Using an upstream approach, we will engage in conversation with the audience and invite them to join an advisory group to inform practices and policies that impact migrant 2SLGBTQIA+ students. We will share with the audience, the lessons learned from a rigorous review of the literature. This will include identifying the gaps that exist in practice, and research that warrant further investigation.

**OS3**

**Advancing Health Equity: A Heart, Art and Land-based Continuing Education Course about Environmental Racism for Nurses in Canada**

Alysha Jones<sup>1,2</sup>, Keara Allen<sup>3</sup>, Shona Lalonde<sup>1</sup>, Anna-Liza Badaloo<sup>4</sup>, Jacqueline Avanthay-Strus<sup>1,5</sup>, Sawyer Bailly<sup>4</sup>

<sup>1</sup>Canadian Association of Nurses for the Environment, N/A, Canada. <sup>2</sup>University of Northern BC, Prince George, Canada. <sup>3</sup>ENRICH Project, N/A, USA. <sup>4</sup>ENRICH Project, N/A, Canada. <sup>5</sup>Université de Saint-Boniface, Winnipeg, Canada

**Abstract**

As an interprofessional team, we've developed a continuing education course for nurses in Canada focused on environmental racism—a critical health equity issue. This phenomenon, marked by the undue proximity and exposure of Indigenous, Black, and racialized communities to environmental hazards, significantly impacts the health of affected communities. The enduring legacy of settler colonialism has systematically excluded these communities from environmental policymaking, rendering them vulnerable to environmental health risks. Given the centrality of health equity in Canadian nursing, addressing environmental racism merits nurses' attention. Community health nurses, in particular, are strategically positioned to engage with communities affected by environmental racism and injustice.

This course will be available to community health nurses through the Canadian Association of Nurses for the Environment and Hearts-Based Education and Anti-Colonial Learning project websites. Structured into three modules, the course integrates didactic, storytelling, land-based, and arts-centred activities. Featuring film vignettes highlighting the perspectives of those impacted by environmental racism, the course encourages critical reflection and application of insights to nursing practice aligning with Canadian nursing standards and ethics. By amalgamating this knowledge with ethical considerations, the course actively promotes anti-discriminatory practices and advocacy, presenting a tangible demonstration of meeting our calls for social justice and anti-racism.

In this presentation, we'll outline the interprofessional course development process and offer a sample of its content. This course offers a strong rationale and actionable steps for community health nurses to engage in addressing environmental racism, advocating for environmental justice, and driving change within various community health nursing settings.



**OS4**

**Mentorship: A leadership development strategy**

Genevieve Currie<sup>1</sup>, May Tao<sup>2</sup>, Ruth Schofield<sup>3</sup>, Francoise Fillion<sup>4</sup>, Catherine Baxter<sup>5</sup>, Joan Reiter<sup>6</sup>, Morag Granger<sup>7</sup>, Patti Gauley<sup>8</sup>, Claire Betker<sup>9</sup>, Rachael Markovsky<sup>10</sup>, Julia Dearling Violet<sup>2</sup>

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**Abstract**

Mentorship is an important tool in developing effective nursing leaders. The Leadership Competencies for Public Health Practice in Canada describe the knowledge, skills, and attitudes necessary for public health nurses regardless of position (CHNC, 2015). Further, the LEADS framework (CCHL, 2013) informs not only the leadership competencies for Public Health Nursing (PHN) practice but also leadership development for all community health nurses (CHNs). Through the CHN Leadership Standing Committee mentorship program, CHNs developed a leadership framework to foster leadership capacity while influencing, motivating, and enabling others to advance health equity as agents of change. A literature review conducted by the CHN Leadership Standing Committee identified elements of a successful mentorship program from which our leadership mentoring program was constructed and implemented in 2018. Since the pandemic, additional dyads have formed and continue to meet. We are eager to grow the mentorship program (mentees and mentors). In this network café, participants will learn further about the roles and expectations of mentors and mentees, leadership mentoring processes and available resources, as well as the mentorship experiences. Join us in this interactive session as we participate in the implementation of the leadership mentoring program.

The learning outcomes are to describe the progression of the leadership mentoring program, explain mentoring as an opportunity for leadership development, and discover strategies using mentorship for nursing leadership.

**OS5**

**Mitigating Drug Diversion Risks in the Community: Survey of Current Practices for IV opioid use.**

Karen Laforet

VHA, London, Canada

**Abstract**

The COVID pandemic resulted in a number of device and supply shortages that impacted patient care. These shortages included lack of electronic infusion devices (EID), administration sets, saline flushes and IV bags and opioid medications. While a number of short-term work-arounds were used to bridge these gaps, a number of them remain in practice. In some cases, due to ongoing shortages; in others, because they are seen as 'cost-effective' alternatives. These practices include the use of elastomeric infusers rather than EIDs for palliative pain control, IV bags with 24 hour opioid infusions in lieu of lock-in cassettes and preparing or manipulating IV push medications rather than the use of pre-filled syringes or pharmacy prepared doses.

Despite the existence of evidence-based clinical recommendations and guidelines for IV medication safety, provincial funders, pharmacies and organizational procedures are contributing to opportunity and access for opioid diversion. When this happens, the patient is the one who suffers.

The current state of drug diversion is anecdotal at best in Canadian home care settings. This session will share the results of a descriptive study using a survey approach to identify trends in opiate prescribing, dose preparation, administration and opiate security in Ontario community settings. These results will show a wide gap between practice and evidence exists. Barriers to implementing evidence-based practice and strategies to improve opioid administration safety in the community will be discussed.

**OS6**

**Partnerships in Community Health Nursing Education: Challenging Health Inequity for Children, Youth and Families.**

Patricia King, Lori Boen, Dawna Fletcher-Tung

University of Saskatchewan College of Nursing, Saskatoon, Canada

**Abstract**

**Project purpose:** Where health and education intersect, we find longstanding, clinical learning service partnerships that address the social determinants of health equity for children, youth, and families. Across three separate and diverse school divisions, fourth year baccalaureate nursing students fulfill clinical hours in community practice. Daily, faculty model overlapping CHNC Standards of Practice as the creation of health equity is prioritized. Our faculty and students understand that relational community health practice is the basis for all nursing intervention, capacity building, health education, health promotion, and advocacy.

**Findings:** In our clinical experiences, nursing students learn about and implement the CHNC standards while focusing on the health inequities of the students and families.

**Key learning outcomes:** Utilizing a comprehensive school health (CSH) approach, this panel presentation will highlight student and faculty experiences in achieving “health for all” in our diverse school populations. We will outline the value of action that is planned, implemented, and evaluated with a clear understanding that education, health inequity, and school context are interdependent. Exploring exemplar stories of how health inequity has been dismantled, we will highlight the value of creating change in the social and physical environment, the teaching and learning processes, the school policies, and partnerships and services. We explore how nursing students can connect with community partners in innovative ways while proactively achieving the CHNC Standards of Practice. This presentation will share our collective insights about the value of ensuring all nursing students have a systemic awareness of health inequity as they move toward graduation.

**OS7**

**Community Health Nurses: Leaders in Advancing Health Equity**

May Tao, Genevieve Currie, Ruth Schofield, Catherine Baxter, Claire Betker, Francoise Filion, Patti Gauley, Morag Granger, Sandy Zidner, Rachael Markovsky, Joan Reiter, Julia Dearing Violett

CHNC Leadership Standing Committee, Toronto, Canada

**Abstract**

Community health nurses (CHNs) recently articulated leadership skills required to advance health equity. Our national study previously reported on moral distress among CHNs, related to health inequity, and described several structural and process solutions to advance health equity. When asked about what leadership competencies related to the LEADS framework enabled them to achieve these solutions, CHNs described system transformation, developing coalitions and engaging with others. In this full day preconference session, we will provide context by sharing the national study results, explore health inequities related to various scenarios with priority populations, examine tools and strategies to advance health equity, and provide the opportunity to use strategies to develop leadership capacities.

Learning Outcomes:

1. Describe the impact of moral distress experienced by community health nurses and leadership competencies to achieve health equity solutions.
2. Prioritize leadership solutions to address health inequities.
3. Apply leadership strategies and tools to advance health equity.
4. Analyze the leadership competencies enabling community health nurses to advance health equity.

**OS8**

**Environmental Scans in Community Health Nursing: A Methodological Approach to Generate Evidence to Inform Practice and Service Delivery**

Daniel Nagel<sup>1</sup>, Patricia Charlton<sup>2</sup>, Rima Azar<sup>3</sup>, Terri Kean<sup>2</sup>, Kate Kelly<sup>2</sup>, Marie-Eve LaMontagne<sup>4</sup>, Alyson Campbell<sup>2</sup>, Julien Déry<sup>4</sup>, Christine Fahim<sup>5</sup>

<sup>1</sup>University of Manitoba, Winnipeg, Canada. <sup>2</sup>University of Prince Edward Island, Charlottetown, Canada. <sup>3</sup>Mount Alison University, Sackville, Canada. <sup>4</sup>Laval University, Quebec City, Canada. <sup>5</sup>St. Michaels Hospital, Toronto, Canada

**Abstract**

*Note to organizers: This session can be adapted to a workshop, presentation, or other format as best fits your needs/interests.*

Environmental scans (ESs) have been widely used in the context of healthcare services to explore best practices, assess gaps in services, evaluate policies, and identify needs of client populations. ESs have often been conducted by registered nurses in the context of community health to improve access to care and enhance delivery of programs. However, there has been lack of both a consensus definition and a methodological framework to guide leaders and researchers in planning and implementing ESs for health service delivery. Our team has conducted a scoping review, survey of stakeholders, and a Delphi study to help address this knowledge gap.

In this session we present the findings from our research that offers a definition for ES in the context of health service delivery to help clarify the conceptual meaning of ES and to facilitate understanding of ESs among researchers, decision-makers, and other stakeholders. We will also introduce a robust methodological framework that is intended to guide stakeholders in a consistent approach to planning and implementing ESs. Our goal in this session is to provide community health nurses with practical guidance on how to conceptualize, plan, and implement an ES to generate evidence that can inform practice, design of effective community health services, and influence health and practice policies.

**OS9**

**Building Confidence and Competence: Improving peripheral IV insertion success for community nurses.**

Karen Laforet

VHA, London, Canada

**Abstract**

Starting Peripheral IVs (PIVs) in the community is challenging due to a number of patient and nurse associated factors. Baseline data at a home health organization revealed nurses experienced lack of confidence. The training programs were not standardized, patients received multiple insertion attempts and policy compliance was suboptimal. Patient impact included delayed treatment, travel to the local emergency department and the distress of multiple access attempts. A three-phase quality improvement project was designed to address these concerns.

Phase 1: Determine current state: confidence in PIV insertion, care and management was assessed using a mixed-methods approach that included observational audits, a knowledge quiz and a survey measuring insertion confidence level using a 5-point scale was completed. Phase 2: policies and practices were reviewed and if necessary updated to reflect current guidelines and standards. The PIV training program was revised to include simulation training, practice toolkits, self-directed learning and insertion validation. Phase 3 evaluated effectiveness repeating the confidence survey and knowledge quiz.

Results: Initial survey scores showed 73% of nurses rated low confidence for PIV insertion. Following the simulation training and insertion validation 90% participants' rated high confidence.

Implications for practice: The quality improvement project confirmed simulation training based on current guidelines and standards improved first attempt success rate and decreased resource utilization. Reduction of complication rates, specifically timely completion of therapy, reduced pain, and improved patient satisfaction is being evaluated.

## **OS10**

**“Not An Experiment” - A Youth Focused Health Promotion Initiative for Vaping Prevention. This evidence based comprehensive health promotion strategy provides an innovative focus to reach youth, parents, educators with the goal of decreasing the uptake of vaping.**

Cindy Baker-Barill, Ruth McArthur, Annette Felstead, Melissa vanZandvoort, claire Alexander, Adam Armitage, Tracey Burnet-Greene

Simcoe Muskoka District Health Unit, Barrie, Canada

### **Abstract**

E-cigarette use among Canadian youth continues to rise. Canada has some of the highest teen vaping rates in the world. 1 in 3 Simcoe Muskoka students in grades 7-12 report vaping, with rates increasing to more than 40% when looking at only high school students.

In response to overwhelming requests from schools and community partners for information on vaping, the Central East Tobacco Control Area Network and Simcoe Muskoka District Health Unit developed the “Not An Experiment (NAE)” initiative.

This initiative is a web-health promotion program that aims to prevent the initiation and escalation of vaping among youth in grades 7 to 12. NAE aims to build capacity among youth (grades 7-12) and adult champions about vaping. The program is now being used across 61 % of all Ontario Public Health Units.

We will showcase the evidence-based program activities and deliverables in an interactive format during this session. These resources will support public health, education, and community partners (including nurses working in these settings) in educating youth and adult champions about the risks of vaping, nicotine addiction and industry marketing tactics. Attendees will acquire practical tools, products, and processes to advance their practice. This program will highlight deliverables which focus on prevention, health protection and capacity building.

## **OS11**

### **How can climate change action fit into the CHNC Standards?**

Andrea Chircop<sup>1</sup>, Karen Curry<sup>1</sup>, Barbara Chyzy<sup>2</sup>, Cheryl van Daalen-Smith<sup>3</sup>, Leinic Chung-Lee<sup>2</sup>

<sup>1</sup>Dalhousie University, Halifax, Canada. <sup>2</sup>Toronto Metropolitan University, Toronto, Canada. <sup>3</sup>York University, Toronto, Canada

#### **Abstract**

##### Purpose

Urgency for action in response to catastrophic events related to climate change has never been greater. Global warming has direct and indirect population health consequences. From heat stroke, drowning, infections, injuries, displacement, homelessness, increased stress and mental health to prolonged draught, water and food insecurity are all related to global warming (Nicholas et al., 2021). The purpose of this project is to hear from CHNs how climate change action can be integrated into the CHN Standards of Practice to guide their work.

##### Solutions

Through a “scenario thinking” session, we seek to engage CHNs into conversations about climate change and planetary health to establish a shared vision for a positive future. Scenario thinking can be a way to harvest CHNs ideas by imagining a desired future, which is well suited to structure the conversation by moving beyond constraints of “what is” to frame “what should be” then moving to collectively designing “what could be” to identifying “what can be”. Findings will be presented to the CHNC Standards Committee for consideration.

##### Implications

Social justice for future generations requires us to take climate change and planetary health seriously and act responsibly. Knowledge of climate change demands us to plan for a future by equipping CHNs with guidelines to address climate change within their practice.

##### Participants will:

- 1) Appreciate how the Planetary Health framework can guide CHNs
- 2) hear their colleagues’ concerns about climate change, and
- 3) collectively identify strategies to integrate planetary health and climate change action into the CHN Standards



CHNC2024: Community Health Nursing – Health for All

**Abstract Book**

*Abstract are sorted by presentation type. For the latest version of the program, please consult the online interactive program at <https://bit.ly/CHNC2024program>*

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## OS12

### **Lessons from iHEAL: An effective community nursing intervention for women who have experienced intimate partner violence**

Marilyn Ford-Gilboe<sup>1</sup>, Karen Campbell<sup>2</sup>, Christine Garinger<sup>1</sup>, Leanne Field<sup>3</sup>, Kelly Scott-Storey<sup>4</sup>, Annette Browne<sup>5</sup>, Colleen Varcoe<sup>5</sup>, Petrea Taylor<sup>4</sup>, Susan Jack<sup>6</sup>

<sup>1</sup>Western University, London, Canada. <sup>2</sup>York University, Toronto, Canada. <sup>3</sup>Middlesex London Health Unit, London, Canada. <sup>4</sup>University of New Brunswick, Fredericton, Canada. <sup>5</sup>University of British Columbia, Vancouver, Canada. <sup>6</sup>McMaster University, Hamilton, Canada

#### **Abstract**

Intimate partner violence (IPV) global public health and human rights issue with substantial, and often long-term, impacts on women's safety, health and well-being, relationships, and finances. Effective health promotion interventions that consider the complexity of women's lives and fit with their unique priorities are needed, but few such interventions exist. Nurses are uniquely positioned to offer such support.

iHEAL is a trauma- and violence-informed health promotion intervention for women in the transition of separating from an abusive partner. Supported by a Practice Lead and team, Registered Nurses who complete standardized iHEAL Education, work in partnership with women for ~ 6 month (10-18 sessions) to address issues that affect women's safety, health and well-being. iHEAL is *woman-led* and tailored to each woman's priorities, needs and context, with the goal of complementing other services. A randomized controlled trial of 331 Canadian supported iHEAL's effectiveness in improving women's quality of life, mental health, confidence in managing daily life and reducing severity of violence, with benefits maintained 1 year after the intervention ended. A process evaluation generated insights about who and how women benefit from iHEAL. Working in 3 distinct community health contexts (public health, primary care, Indigenous health), we are evaluating how iHEAL can be implemented by existing services while maintain fidelity and benefits, identifying conditions that support implementation and sustainability.

In this session, we introduce iHEAL and its evidence-base, model of education and team structure and, using lessons from our research, discuss how nursing practice with women experiencing IPV can be strengthened.

## **OS13**

### **Sharing the Journey: Updates to the CHNC Home Health Nursing Competencies**

Barb Chyzzy<sup>1</sup>, Karen Curry<sup>2</sup>, Leinic Lee Chung<sup>1</sup>

<sup>1</sup>Toronto Metropolitan University, Toronto, Canada. <sup>2</sup>Dalhousie University, Halifax, Canada

#### **Abstract**

##### Learning Objectives

1. To learn about revisions to the 2010 CHNC Home Health Nursing Competencies
2. To discuss ways to strengthen home health nursing
3. To engage partners and to use the home health nursing competencies

This engaging session will provide an opportunity for community health nurses to discuss and provide feedback on revisions to the 2010 Community Health Nurses of Canada (CHNC), Home Health Nursing Competencies, Version 1.0. These competencies, which have not been revised since 2010, are the “integrated knowledge, skills, judgment, and attributes required of a nurse working in home health to practice safely and ethically” (CHNC, 2010, p. 6).

Over the past two decades, the Canadian healthcare system has undergone significant changes. In order to begin the process of updating these competencies, a CHNC working group was formed in June 2023 in collaboration with SE Health. The review and revision process began in the fall of 2023 and preliminary revised home health competencies will be available in the spring of 2024. The revised competencies will align with current evidence and the 2019 CHNC Standards of Practice for Canadian Community Health Nurses. The goal of these revisions is to meet the current and emerging needs of Canadian community health nurses working in the unique environment of home and community care. CHNC wants to hear the voices of home health nurses nationally to ensure that the revised competencies are user-friendly and support quality home health nursing practice environments.

**OS14**

**Northern Health virtual primary and community care clinic: Strengthening access to evidence-based, client-centered, trauma informed, and culturally safe perinatal and newborn services in a virtual way for Northern British Columbia families, by building capacity of telecare nurses and local health care teams to meet provincial public health standards of care.**

[Carie Warren](#)<sup>1</sup>, [Randi Leanne Parsons](#)<sup>2</sup>

<sup>1</sup>Northern Health, Prince George, Canada. <sup>2</sup>Northern Health, Fraser Lake, Canada

**Abstract**

Northern Health's Virtual Primary and Community Care Clinic (NHVPCC) and Public Health Practice (PHP) are exploring how perinatal public health services can be provided virtually in Northern British Columbia. Early postpartum and newborn assessments are priority, completed at 24 to 48 hours after hospital discharge. When local primary and community care teams are impacted by staffing transitions, NHVPCC telecare nurses (TCNs) are able to be responsive. In a virtual way, they complement and augment perinatal and newborn services, traditionally offered in the local community. Standard operating procedures form the foundation TCNs need for their competency development, including approaches to care, priority areas, guiding principles, and supporting resources. Ongoing training, mentorship, and coaching help to build their capacity to offer this service regularly. TCNs establish trusting relationships with families and link them with additional support when they need it. Families learn to recognize signs of physical and psychological stability and when to take appropriate action. With a dedicated built-in support system, TCNs are able to talk through complex care situations. Ongoing monitoring and evaluation allow the core team to make adjustments to both orientation and service delivery as needed. The transition to more digital approaches to health care enables community health nurses working virtually to reach more families, despite geographical barriers. This project escalates the importance of seamless transitions in care and clear communication between providers in different settings. By building capacity in TCNs, this innovative service ultimately helps to build capacity in postpartum parents, their families, and local care teams.

## OS15

### **The Chronicles of Paisley • Corners: How a Canadian Public Health Nurse Took Her Love of Our Nursing Speciality and Translated it and the Standards of Practice into a Novel.**

[Cheryl van Daalen Smith](#)

York University, Toronto, Canada

#### **Abstract**

Canadian nurse Kick Cavendish has always wanted to make a difference, and she's hoping her new post as Paisley • Corners' new public health nurse will help her do just that.

The rural Ontario hamlet instantly enamored Kick, who had also dreamed of living on an animal rescue farm. She soon discovers Paisley • Corners is as curious of a place as it is special. A community where the dot in its name is explicitly intentional, and its citizens are meddling and sometimes misunderstood but deeply caring despite their quirks and foibles.

In *The Chronicles of Paisley • Corners*, the author draws from her expertise as a public health nurse, a role she compares to the wind: rarely seen, yet a presence that's felt. With gentle nods to social issues and research around real historical events, an array of stories that focus on the wants, wounds, and secrets of the village residents will have readers rooting out loud for their favorite character. Much of the book is seen through Kick's observant eyes, from witnessing the trauma associated with being an outcast to discovering the lengths people will go to shroud a secret. The links she sees between her rescue barn and her nursing practice – like beauty from ugliness or hope from neglect – gives us pause to contemplate the true meaning of belonging.

The comings and goings of this friendly and compassionate public health nurse provide a window into endearing rural characters who just want to matter.

Join the author to hear her writing journey.

## **OS16**

### **Wrap around approach 2 Veteran equitable service ~~↔~~WA2VES~~↔~~**

Patti Parkyn<sup>1</sup>, Peter Rodrigues<sup>2</sup>, Kim Williams<sup>3</sup>

<sup>1</sup>Veterans Affairs Canada, Victoria, Canada. <sup>2</sup>Veterans Affairs Canada, London, Canada. <sup>3</sup>Veterans Affairs Canada, Halifax, Canada

#### **Abstract**

Canadians worry about forest fires, ice storms, and pandemics. All legitimate public health emergencies with long term community health implications. Fortunately, the Canadian Armed Forces are prepared to respond at a moment's notice. We rely on them; can they rely on us after they leave the service? Are Community Health Nurses (CHN) prepared to offer equitable care to all Veterans and their families? Do they fully appreciate how lived military experience intersects with other minority stressors, creating unique health needs throughout the Veteran's lifespan?

Significant changes in the Canadian military personnel over the last two decades resulted in 63% more women serving since 2015, 3 times more people of colour defending our country, and an increased number of 2SLGBTQIA+ and Indigenous soldiers.

In 2022, Veterans Affairs Canada (VAC) nurses committed to improve care to this growing diverse Veteran population. Our assessment tools and policies did not fully recognize the pronounced risks and intersectional biopsychosocial needs of equity-deserving Veterans. As Community Health Nurses, we needed to build practice competencies, grounded in evidence, and aimed at health protection and promotion.

Join us for a 45-minute interactive multimedia exchange where participants will learn about unique Veteran health risks, reflect on their own nursing practice related to Veteran care, and hear about our Diversity, Equity, and Inclusion leading practice change initiatives. There will be opportunities for direct engagement with VAC nurses doing this work. Participants can join a Veteran Care Collective, a network aimed at continuing the dialogue beyond the conference.

## OS17

### **Introducing the iHEAL app: An accessible, evidence-based resource for women experiencing intimate partner violence**

Marilyn Ford-Gilboe<sup>1</sup>, Colleen Varcoe<sup>2</sup>, Kelly Scott-Storey<sup>3</sup>, Karen Campbell<sup>4</sup>, Christine Garinger<sup>1</sup>, Logan Kennedy<sup>1</sup>

<sup>1</sup>Western University, London, Canada. <sup>2</sup>University of British Columbia, Vancouver, Canada.

<sup>3</sup>University of New Brunswick, Fredericton, Canada. <sup>4</sup>York University, Toronto, Canada

#### **Abstract**

**Issue:** Intimate partner violence (IPV) is global public health problem affecting 44% of Canadian women, with significant, often long-term, impacts on women's safety, health and well-being, economic situation and families. Many women face barrier to support, including shame, fear of partner, mistrust of services, or not knowing where to start. Nurses can also feel unprepared to provide care to women affected by IPV, an issue that is given limited attention in nursing education.

**Solution:** Well-designed online applications can reduce barriers and provide safe, convenient, non-judgemental support that benefits women's mental health, confidence and other outcomes. Building on decades of research, and tested with women and service providers, the free iHEAL app includes information, interactive activities and resources (links to services in the user's province/territory) across 6 areas important to women experiencing IPV: safety, health and well-being, basic needs, family, connections and personal power. Designed to be inclusive, the app is available in web and mobile versions in English and French. Use of the app is anonymous with options to save topics and resources, allowing personalization. The app can complement and extend the work of service providers, including community health nurses, in many ways, including assessing risk of serious violence using the Danger Assessment©, and supporting safety planning or identification and support for managing women's health concerns.

In this *technology demonstration*, participants will: a) learn about the evidence-base of the app; b) experience a live demonstration using case studies, c) generate (through discussion) ways of using the app in practice.

## **OS19**

### **Networking Café on Professional Advocacy: MOSAIC (Members of a Social and Inclusive Community): A Community of Practice**

Daniel A. Nagel<sup>1</sup>, Wendy Gifford<sup>2</sup>, Shokoufeh Modanloo<sup>3</sup>, Judy Duff<sup>4</sup>, Benedicte Franquien<sup>5</sup>, Anna Tazian<sup>6</sup>

<sup>1</sup>University of Manitoba, Winnipeg, Canada. <sup>2</sup>University of Ottawa, Ottawa, Canada. <sup>3</sup>University of Western Ontario, London, Canada. <sup>4</sup>University of Toronto (Mississauga), Mississauga, Canada. <sup>5</sup>Victorian Order of Nurses, Halifax, Canada. <sup>6</sup>Centre local de services communautaires Metro, Montreal, Canada

#### **Abstract**

*Note to organizers: This session can be offered as 45 – 60 minutes either over lunch or as a standalone session as best fits the needs/interests of CHNC.*

Community health nurses (CHNs) in Canada face many workforce challenges in their professional practice given the independent nature of their work, the large and diverse geographical areas they serve, and the disparate structure of the healthcare system. Often unable to voice concerns about their practices or the people they serve because of power inequities that marginalize and silence them, CHNs are experiencing high rates of moral distress, burnout, and turnover. The need for a community of practice was identified for CHNs to come together in a safe and non-judgmental environment to discuss and reflect on what is impacting the current healthcare environments, support professional practice, and advocate for change.

MOSAIC (Members of a Social and Inclusive Community) is a community of practice initiated by members of the Community Health Nurses of Canada to bring CHNs together from across the country to identify practice and work-related issues, share ideas about how to support each other, advocate for CHN practices and the people they serve, and influence change that promotes health of Canadians. This Networking Café will be a place for CHNs to meet in-person and engage in discussions on issues related to the healthcare environment, equity and social justice, and/or challenges in specific areas of care to map topics of focus for future online MOSAIC community of practice sessions.



## **OS20**

### **Capacity building by design: Developing the Health for All Partnership clinic**

Heidi Siu, Alma Forgwe, Sandra Tavares

Humber College, Toronto, Canada

#### **Abstract**

Disparities in access to basic health care, mental health supports and community services have intensified since the pandemic. As a result, our community partners in the newcomer settlement (Mennonite New Life Centre of Toronto), food security (St. Francis Table), and housing (Peel Family Shelter) sectors are seeing increasingly vulnerable clients for whom integrated, on-site health services are needed. In this session, we will present our journey of developing the Health for All Partnership (HAP); a nursing student-led, faculty supervised outreach clinic aimed at providing responsive and accessible health care for underserved communities. Co-created with our partners, the HAP is intentionally designed for capacity building through community-academic partnerships, while bridging gaps between health and social services in innovative ways. Such innovations include incorporating unconventional practice models in the HAP's clinic design and implementation, establishing nursing student lead roles that prepare the next generation of community nurses, and creating systems for integrated services delivery with our community partners. By means of a nursing student and faculty facilitated panel discussion, we will share the details and outcomes of these innovations, preliminary findings from the HAP's pilot launch, and our 'lessons learned' to date. We will also engage session participants' input for advancing these innovations as we continue to implement the HAP clinic. Session participants will: 1) consider community-academic partnerships as an innovation strategy to advance community health, 2) examine the value of nursing student-led clinics from diverse perspectives, and 3) discuss opportunities for incorporating similar holistic care models in other community settings.

**O1**

**Enhancing Health Promotion through an Equity-Based Micro-Mobile Service Model: Insights from the Neighbourhood Nursing Team**

Amber White, Sarah Merkley, Hasti Majidy, Tammany Kinnear, Kristen Jones, Riki Hillier, Ethylene Villareal

Region of Waterloo Public Health, Waterloo, Canada

**Abstract**

Longstanding barriers to accessing health services in equity-deserving populations were exposed by the COVID-19 pandemic. Recognizing the need for stronger relationships and trust with equity-deserving communities, the Region of Waterloo Public Health Department in Ontario piloted the Neighbourhood Nursing Team (NNT), an innovative approach to health promotion and illness prevention using a neighbourhood-based micro-mobile service staffed by an interdisciplinary team.

The NNT started in September 2022 and officially launched in January 2023. From January to August 2023, the NNT served over 9,000 clients through 339 neighbourhood visits and engaged with over 80 community partners. The NNT has received a positive response from the community.

Public Health Nurses (PHNs) provide a broad spectrum of services, including health education, healthcare navigation, social service support, public health clinical services and more. Priority populations such as those made vulnerable, racialized communities, youth, Indigenous populations, and others, accessed the program, demonstrating impact of this approach.

Key learnings from this presentation revolve around health equity learning outcomes. This includes providing actionable insights and tools for community health nursing practitioners to empower them to enhance their practice. Nursing practitioners will formulate thought-provoking questions, establish meaningful connections, and explore innovative leadership strategies to empower clients in recognizing their individual and collective worth. This presentation will enhance the visibility of Community Health Nurses and encourages ongoing learning related to health equity.

The findings highlight the significance and broad applicability of trust-building, reducing barriers, and delivering diverse services to reduce health disparities with a diversity, equity, and inclusion lens.

**O2**

**The influence of artificial intelligence on clinical practice: Promoting Community Registered Nurses' involvement to help shape practice.**

Mary Henderson Betkus<sup>1</sup>, Shannon Freeman, PhD<sup>1</sup>, Leanne Currie, PhD<sup>2</sup>, Davina Banner-Lukaris, PhD<sup>1</sup>, Piper Jackson, PhD<sup>3</sup>

<sup>1</sup>University of Northern British Columbia, Prince George, Canada. <sup>2</sup>University of British Columbia, Vancouver, Canada. <sup>3</sup>Thompson Rivers University, Kamloops, Canada

**Abstract**

The influence of artificial intelligence (AI) on clinical practice is growing. This study describes how Canadian Registered Nurses (RNs) who practice in the community setting can be engaged in AI. Further, this study describes Canadian RNs awareness and understanding of AI, sources of AI knowledge, perceptions of its utility and effects on nursing.

**Method:** An online cross-sectional Canadian survey targeting community RNs was conducted in spring-summer of 2023.

**Results:** N = 228 RNs (e.g., home care, public health) responded. 55.9% were aware of AI in healthcare, with 43.2% not aware of AI in nursing, and 56.8% self-rated their knowledge of AI as fair to none. RNs primary source of knowledge of AI was from informal sources. RNs learned about speech text recognition from media/social media (76.5%) and family/friends (39.9%). RNs perceived automated outcomes to prioritize clients and target services as useful (69.8%). Most RNs were concerned with who would be responsible if AI offered incorrect recommendations (77.9%) and were concerned if they dismissed a correct AI recommendation (73.4%). RNs agreed they should be consulted if AI had implications on their practice (96%) and agreed that they should identify relevant questions to be addressed by AI (93.5%).

**Conclusions:** RNs' knowledge of AI in healthcare and nursing, their professional concerns and sources of knowledge are varied. Solutions include the creation of educational opportunities to ensure that RNs have a sound basis for AI and further research to explore how RNs should be better involved in AI.

**O3**

**Public Health Nursing Practice, Research and Education Project: Developing resources to support nursing practice**

Karen Campbell<sup>1</sup>, Elizabeth Orr<sup>2</sup>, Lindsay Crowell<sup>3</sup>, Anja Cahill<sup>4</sup>, Sonya Strohm<sup>5</sup>, Susan Jack<sup>5</sup>

<sup>1</sup>York University, Toronto, Canada. <sup>2</sup>Brock University, St. Catharines, Canada. <sup>3</sup>Middlesex-London Health Unit, London, Canada. <sup>4</sup>KFL & A Public Health, Kingston, Canada. <sup>5</sup>McMaster University, Hamilton, Canada

**Abstract**

Focus: Public health nurses (PHNs) provide comprehensive and complex nursing care to clients who are pregnant/parenting while experiencing multiple challenges. PHNs in home-visiting programs are committed to tailoring their services in ways that meets clients' needs. It is essential that nurses have access to relevant, timely, and ongoing professional development to do this demanding work. The purpose of this presentation is to: 1) share resources designed to advance PHNs' and nursing students' knowledge, skills, and agency to deliver services to pregnant individuals and families with young children enrolled in home visitation programs, and 2) elicit feedback from PHNs, educators, and students on current needs.

Findings/Solutions: PHN-PREP develops evidence-informed resources to support nurses, supervisors, and home visiting teams providing care for individuals/families enrolled in home visitation programs. Our work is grounded in practice to identify and respond to professional and program needs. Projects consist of purposeful collaborations between the PHN-PREP leadership team and policy, practice, education, and research partners. Using a structured framework, we have developed practical guidance documents across a broad range of topics that are integral to the work of home-visiting nurses. In addition, we have a growing archive of webinars and educational resources relevant to current practice issues. Implications for education and practice include a broad set of resources available to support practice needs, and the ability to drive future directions.

Participants will be able to:

1. engage in generating practice-informed guidance;
2. access resources to support nursing practice;
3. collaborate to identify future resources.

**O4**

**De-gendering Menstruation: How Community Health Nurses Can Promote Equitable Menstrual Experiences for Transgender and Non-binary People**

Jodie Bigalky<sup>1</sup>, April Mackey<sup>1</sup>, Tannaz Safaralizadeh<sup>2</sup>, Pammla Petrucka<sup>1</sup>

<sup>1</sup>University of Saskatchewan, Regina, Canada. <sup>2</sup>University of Saskatchewan, Saskatoon, Canada

**Abstract**

**Background:** Menstruation is a biological process experienced by up to 800 million people on any given day. Historically, menstruation has been studied from the female perspective because menstruators are largely girls and women. However, it should be considered that not all who menstruate are women. Recognition is needed for the existence of menstrual experiences among transgender and non-binary people. Therefore, the purpose of this research was to determine the status of evidence on transgender and non-binary individuals' experiences with menstruation.

**Methods:** Arksey and O'Malley's (2005) framework was used to guide this scoping review.

**Findings:** The analysis resulted in the identification of four themes: (1) gender dysphoria and the influence on identity; (2) menstrual management and transformation as a turning point; (3) managing menstruation in precarious spaces; and (4) moving towards an open dialogue. The findings related to these themes will be shared in the presentation.

**Implications:** Participants in this presentation will learn about future opportunities for research exploring menstrual management in transgender and non-binary people with emphasis on diverse cultures and social structures. Participants will also learn to challenge the discourse around menstruation so that it is inclusive of all gender identities. Community health nurses (CHNs) can be leaders in this initiative that includes advocating for inclusive advertising and menstrual products. Policy initiatives led by CHNs should support the reconceptualization of infrastructure so that bathrooms are safe and comfortable places for everyone. Education is needed to encourage acceptance and non-judgmental care of all people regardless of gender identity and expression.

**O5**

**Awareness, Advocacy, and Knowledge Strategies: Addressing for Intimate Partner Violence amongst Queer Women**

April Mackey<sup>1</sup>, Jodie Bigalky<sup>1</sup>, Natasha Tooke<sup>2</sup>, Pammla Petrucka<sup>1</sup>

<sup>1</sup>University of Saskatchewan, Regina, Canada. <sup>2</sup>University of Saskatchewan, Saskatoon, Canada

**Abstract**

**Background:** Globally, Intimate Partner Violence (IPV) research has focused on heterosexual relationships, but increasingly the evidence suggests that queer women within 2SLGBTQ+ relationships are more at risk of IPV than their heterosexual counterparts (Statistics Canada, 2021). In addition to facing barriers to self-reporting, many women also experience access barriers for a range of community programs and services because of their sexuality. Nurses are challenged to effectively identify and support queer women who experience IPV. This presentation rooted in an equity-based lens will provide knowledge, education, and practice examples to enable engagement with queer women and their support networks.

**Methods:** This on-going multi-phase project consists of a scoping review, a Saskatchewan wide survey, and interviews conducted in four Canadian cities. The survey and the interviews assessed current and past IPV experiences, barriers, supports, and access to interventions with regards to queer women's experiences within the 2SLGBTQ+ community. **Results:** Themes emerging from the first two phases elucidate the characterization and categorization of IPV among queer women, select demographics of queer women in Saskatchewan communities, perceived (dis)connections to community, and perspectives on barriers and facilitators to accessing IPV-relevant support. **Implications:** This research reflects foundational knowledge regarding queer women's experiences with IPV in Saskatchewan. Due to the evidentiary gap on this group's experience with IPV, this research provides a starting point for locally and globally relevant dialogues on the roles of nurses in addressing IPV challenges for women in 2SLGBTQ+ relationships.

**O6**

**Recommendations for Community Health Nurses to Support Transmen and Non-Binary People with Chestfeeding**

Barbara Chyzyy, Erin Ziegler

Toronto Metropolitan University, Toronto, Canada

**Abstract**

**Aim:** To provide recommendations to community health nurses based on data from a research study that examined the experiences of chestfeeding support for transgender men and non-binary people in Ontario.

**Background:** Transgender men have reported being less likely to seek support for chestfeeding and lactation due to past experiences of inappropriate and stigmatizing medical care. Gendering the process of chestfeeding by providers leads transmasculine individuals to avoid seeking support, impacting their decision on whether or not to engage in chestfeeding and creating inequities in access to healthcare services. Current guidelines in Ontario about providing gender affirming care do not include information about lactation or chestfeeding.

**Methods:** This qualitative study used queer phenomenology theory to guide the research. Interpretive description was used to analyze data.

**Results:** Five service providers and eight transmen or non-binary people from Southern Ontario participated in this study. Recommendations arose from the data that have implications for organizations and service providers. For organizations, recommendations included applying inclusive processes (such as gender-neutral intake forms), revising policies to be more inclusive, and promoting processes for formal training. For service providers, recommendations included gaining an understanding of the experiences of chestfeeding for trans men and non-binary people, embracing a positive attitude, building strong relationships, promoting the use of inclusive language, enhancing continuity of care among the healthcare team, creating safe spaces and supporting client advocacy.

**Conclusion:** This study has implications for community health nurses and organizations to provide more equitable prenatal and postpartum care for trans men and non-binary people.

**07**

**Co-Creating a Community Network for Indigenous Birthing Sovereignty**

Mona Lisa Bourque Bearskin<sup>1</sup>, Liquaa Wazni<sup>1</sup>, Kathleen Lounsbury<sup>2</sup>, Rayann Big Plume-Harris<sup>3</sup>

<sup>1</sup>University of Victoria, British Columbia, Canada. <sup>2</sup>Trinity Western University, Langley, Canada.

<sup>3</sup>University of British Columbia, Vancouver, Canada

**Abstract**

Preserving cultural birthing practices and empowering Indigenous birth workers is vital to ensuring sovereignty in designing culturally responsive care for Indigenous communities. This community-engaged research collaboration focuses on advancing birthing sovereignty for Indigenous individuals, families, and communities in British Columbia. The project's three-phased approach includes 1) community engagement and partnership development, 2) knowledge gathering through memory work with Elders, literature review, case studies, and policy analysis, and 3) expert consultation, knowledge sharing, and integration of findings into the mainstream healthcare system. The presentation will focus on generating and disseminating knowledge for advancing community-driven Indigenous birthing sovereignty priorities. Key learning outcomes will emphasize the urgency of claiming traditional birthing practices and identify the need for coordinated efforts and strategic planning in Indigenous wellness that is led by Indigenous communities. The BC Chair of the Indigenous Health Nursing Research program will report on the monthly virtual meetings needed to drive this initiative forward in culturally safe care that generates and revitalizes Indigenous birthing practices. To nurture a network of Indigenous birth workers dedicated to advancing community-led birthing research, thereby fostering self-determination and sovereignty of traditional birthing rights exercised by Indigenous women, birthworkers and communities.



**O8**

## **Manitoba’s Aboriginal Diabetes Initiative program**

Brikena Dibra

SouthEast Resource Development Corp, Winnipeg, Canada

### **Abstract**

The Aboriginal Diabetes Initiative program (ADI) was created to decrease the rates of diabetes in indigenous communities. Since the rates of diabetes in indigenous Manitoba communities are significantly higher than those in the general population, Manitoba’s ADI workers from South East Resource Development Council have used knowledge in diabetes prevention, and health promotion to decrease the rates of diabetes in Manitoba Indigenous communities. South East ADI workers are community members that are trained to mobilize the community in diabetes prevention, health promotion, and education. The ADI workers are dedicated in community health promotion, some ADI workers have used unique promotion/prevention strategies, such as utilizing nurses to promote diabetes screening, creating community gardens, mobilizing community members by diabetes walks/exercise, using traditional hunters to promote healthy traditional food consumption, and increasing food security whereas in some communities’ healthy food is very expensive. Furthermore, the ADI workers from South east use their unique skills to decrease barriers to diabetes education, for example one ADI worker identified a trust vs mistrust dynamic in her community about diabetes, she was able to overcome this barrier by not labeling some diabetes prevention strategies as “diabetes prevention”, instead she labeled the event “traditional berry picking” to which she had an outstanding attendance, and she used the berry picking as an opportunity to provide education on exercise, traditional healthy foods, and the complications of diabetes.

**O9**

**The Path to Your Home, First Nations Community Hospice**

Deborah Schmidt

VON Canada, Brantford, Canada

**Abstract**

Many Indigenous people want to die in the community where they have lived all of their lives, however, many have limited access to culturally relevant and formalized palliative care programs. While the need for palliative care services for Indigenous people is increasing due to an aging population and the significant burden of chronic disease, research has demonstrated gaps in care for Indigenous community members receiving provincially funded home care. Such gaps and inequities and the need for culturally safe, earlier intervention palliative home care programs was further highlighted by the COVID-19 pandemic.

In order to address such inequities and building on the existing eHomecare model of Hospice at Home, VON worked in partnership with Aamjiwnaang community members to co-design a model of home-based palliative care. The self-determined Community Hospice model developed empowers and validates the ability of Indigenous communities to decide matters that impact their communities and their care. VON and Aamjiwnaang used a collaborative, strengths-based approach to develop a path towards end of life that reflects the indigenous history, culture and traditions of the Aamjiwnaang community and will help to increase inclusive and culturally relevant access to end-of-life care in Indigenous communities.

**O10**

**Fortifying community partnerships through integrating mental health nurses (MHNs) in primary care offices: a pilot project**

Susan Chang, Mandy Wong, Richard Tang

VHA Home HealthCare, Toronto, Canada

**Abstract**

The North Toronto Ontario Health Team executed a pilot project aimed at enhancing care for 70 individuals grappling with complex mental health conditions awaiting long-term interventions. Collaborating with community mental health nurses (MHNs) and an Interprofessional Primary Care team across two primary clinics, the initiative delivered accessible and flexible short-term services through phone, virtual, and in-person interactions. Departing from traditional therapies, MHNs provided informal counseling and health system navigation, addressing issues beyond the mental health diagnosis. Notably, this approach facilitated immediate collaboration, fostering new professional relationships and enabling seamless referrals in an integrated care framework.

The key takeaway underscores the effectiveness of primary care clinics in offering short-term mental health nursing services to patients on intervention waitlists, emphasizing the importance of flexibility. Patient willingness to engage remotely streamlined accessibility, saving time, and enhancing participation. The project revealed that patients with complex mental health conditions face diverse issues, and a series of 3-5 follow-up calls can prevent exacerbations. The model's success lies in its holistic approach, recognizing the interconnectedness of mental and physical health.

This initiative serves as a noteworthy example for community health nurses, highlighting the value of adaptable and collaborative approaches in addressing multifaceted patient needs. Lessons learned can inform future endeavors, contributing to the evolution of mental health care within community health settings.

**O11**

**The Impact of Funding Models on the Integration of Registered Nurses in Primary Health Care Teams: A Cross-Sectional Survey Study**

Deanne Curnew<sup>1,2</sup>, Julia Lukewich<sup>1</sup>, Dana Ryan<sup>1</sup>, Toni Leamon<sup>1</sup>, Maria Mathews<sup>3</sup>, Lindsay Hedden<sup>4</sup>, Emily Marshall<sup>5</sup>, Marie-Eve Poitras<sup>6</sup>, Allison Norful<sup>7</sup>, Joan Tranmer<sup>8</sup>, Lauren Moritz<sup>5</sup>, Emilie Dufour<sup>5</sup>, Samina Idrees<sup>3</sup>, Abraham Munene<sup>5</sup>, Sarah Spencer<sup>4</sup>, Vanessa Tremblay-Vallaincourt<sup>6</sup>, Cloe Beaulieu<sup>6</sup>

<sup>1</sup>Memorial University, St. John's, Canada. <sup>2</sup>Centre for Nursing Studies, St. John's, Canada. <sup>3</sup>Western University, London, Canada. <sup>4</sup>Simon Fraser University, Burnaby, Canada. <sup>5</sup>Dalhousie University, Halifax, Canada. <sup>6</sup>Université de Sherbrooke, Sherbrooke, Canada. <sup>7</sup>Columbia University, New York, USA. <sup>8</sup>Queen's University, Kingston, Canada

**Abstract**

**Key learning outcomes:**

1. Describe the activities of Registered Nurses (RNs) within primary care (PC) teams in Canada.
2. Discuss the relationship between funding models and RN activities and provider co-management in PC teams.

**Background:** Appropriate funding models are critical to support interdisciplinary PC teams in which providers co-manage responsibilities for patient care. Although RNs form the core of PC teams, little is known about how funding models impact their integration. Consequently, RNs are often underutilized in PC settings and there are missed opportunities to enhance patient care. **Purpose:** To examine the association between funding models and RN activities and co-management in PC. **Methods:** We are conducting a cross-sectional survey of RNs practicing within PC teams across Canada (~2000 RNs). The study is guided by the Nursing Role Effectiveness Model to gather information about structural (e.g., demographics, professional preparation, workplace attributes, funding model) and process (e.g., RN activities, team functioning, provider co-management) variables. The electronic survey was distributed from October - December 2023. It includes items about personal, professional, and workplace attributes; and two previously validated questionnaires about team functioning (Team Climate Inventory) and co-management (Provider Co-Management Index). **Findings:** Results are forthcoming. We anticipate 450+ completed surveys. We will use bivariate tests and multivariate regression techniques to examine relationships between funding model and RN activities and co-management. **Conclusions:** We anticipate funding models will be linked to nursing activities and co-management. Findings will support decisions about PC funding models, to leverage nursing contributions to high-quality team-based PC in Canada.

**O12**

## **Sexual and Reproductive Health Strategy for Northern Health- Creating accessible, evidence informed sexual and reproductive health care for all**

Lara Frederick, Kristen Jensen

Northern Health, Dawson Creek, Canada

### **Abstract**

Northern Health Authority (NH) is the largest geographic health region in British Columbia (BC), covering more than two-thirds of the province. A small, scattered population of about 300,000 people reflects a diversity of cultural backgrounds, health needs and care preferences (e.g., indigenous communities, LGBTQ2S+ populations).

Significant community variation in the provision of NH sexual and reproductive health (SRH) services affects people's access to care and health outcomes. NH is developing an SRH strategy to guide local service delivery and broadly strengthen team capacity for quality SRH care.

Strategy development is organized around four key pillars/themes:

-Access, Navigation, Coordination, and Integration, to support equitable access and seamless transitions of care between providers

-Standardization, to support the quality and consistency of service offerings, care practices, tools, charting, education/training, etc., while recognizing local variations and needs

-Service, Service model, System Demands and Pressure points, to underpin the service distribution and identify current/future priorities and gaps

-Organizational Alignments and Supports, to describe the people, structures and processes needed to implement and support quality SRH care

By applying a lens of equity, inclusivity and access to this process, the project is illuminating important strategic opportunities for improving SRH services. This oral presentation will share some initial key learnings from the work, including how system-wide resource and capacity challenges are affecting SRH service delivery; the importance of system connectivity and partnerships to address a variety of needs; and the complexities and opportunities for delivering services via NH's integrated, team-based model of care.

**O13**

## **Exploring the Unspoken: Domestic Homicides in Pakistan's LGBTQ2S+ Communities, A Study of 250 Cases**

ZAIB UN NISA

University of Sialkot, Sialkot, Pakistan

### **Abstract**

This study investigates domestic homicides within Pakistan's LGBTQ2S+ communities, focusing on the barriers in disclosing relationships and violence. In a society where LGBTQ2S+ rights are constrained, such incidents are often hidden, leading to underreporting. This research analyzed 250 cases, offering vital insights into the patterns and challenges of domestic violence in these communities. The study employed qualitative methods, including interviews with survivors, activists, and healthcare professionals, complemented by a review of case studies and media reports. It revealed a substantial prevalence of domestic violence leading to homicides, aggravated by victims' fear of disclosing their relationships. Key barriers included societal stigma, potential legal repercussions, and the threat of honor-related violence, which significantly hinder victims from seeking help. The findings emphasize the urgent need for inclusive, culturally sensitive policies and support systems for LGBTQ2S+ individuals in Pakistan. It advocates for legal reforms, increased social awareness, and the establishment of confidential reporting mechanisms. The study highlights the critical role of community health nursing in understanding and supporting marginalized groups, emphasizing the need for tailored approaches to address these complex challenges. The results of this study are instrumental in raising awareness and shaping interventions for domestic violence within LGBTQ2S+ communities, highlighting the importance of safe spaces and supportive environments for vulnerable populations in Pakistan.

**O14**

## **Pepik Amma Tetuk: An Inuit Collaborative Approach to Supporting Young Families**

Joann Pye

Nunatsiavut Government, Dept. of Health & Social Development, Nain, Canada

### **Abstract**

Our program Pepik amma Tetuk (Baby and Tea) is a collaboration between the local Nunatsiavut Government Department of Health and Social Development (DSD), the Nain Family Resource Center and Newfoundland and Labrador Health Services, Labrador Grenfell Zone (LGZ) in Nain, Nunatsiavut.

This program was co-developed by two public health nurses employed by DSD but one has since obtained employment with LGZ. Our aim was to foster closer parent and health professional relationships in the community and address some of the health and social issues that Inuit face living on the North coast of Labrador.

This program occurs monthly, and provides a safe, welcoming atmosphere to provide culturally sensitive primary care to expecting pregnant capable persons, as well as those with young infants and children. We offer lactation consultation, weigh babies and provide client centered holistic health information. Due to high rates of food insecurity, we provide healthy snacks during program sessions such as fruit, yogurt, and vegetables. We also provide traditional foods such as smoked char and panitsiak.

We have not formally collected data from our participants. Anecdotal reports from participants point to them feeling comfortable asking questions and seeking medical advice in a less clinical and more relaxed setting. The program has garnered great interest from eligible community members, who have expressed their enjoyment of our monthly sessions and socializing with other parents who have children of similar ages. They look forward to getting out of the home and appreciate the opportunity to include their families in the program.

**O15**

**Pressure, Judgement, Fear & Girlhood: A Girl-Centred Understanding of the Social Determinants Social Determinants of Girls' Mental Health and What CHNs Can Do About It.**

Cheryl van Daalen Smith<sup>1</sup>, Michelle Hermans<sup>2</sup>

<sup>1</sup>York University, Caledon East, Canada. <sup>2</sup>Canadian Mental Health Association of York Region, Aurora, Canada

**Abstract**

The mental health of young people is a serious concern with girls and young women facing gendered pressures that cumulatively erode their emotional wellbeing. Despite great national interest mental health, there lacks a gender-based analysis that can account for the intersecting forms of oppression that girls experience.

In listening to the voices and experiences of a diverse cross section of self-identified girls and young women, combined with the perspectives of girl-serving professionals, we learned much. What became crystal clear to us was that girls' mental health has social, not individual, determinants. It is a world where sexism and gender pressures bear down on girls and young women creating the conditions wherein we see mental health erosion as almost a rite of passage.

It is our hope that in sharing girls' and young women's views and experiences, along with recommendations stemming from this study, that it can serve to augment Canadian CHN advocacy for girls and their rights to mental well-being and quality of life. They have a right to grow up without constant pressure, fear and judgement. They have a right to live authentically and safely. They have a right to be strong, smart and bold. And they have a right to mental health.

CHNs are well-positioned to contribute to a comprehensive and proactive approach that addresses the structural determinants of girls' mental well-being.

To explore girls' views on the antecedents of mental health erosion

To consider recommendations for CHNs who stand beside and bear witness to girls' mental health



**O16**

## **Understanding Health Equity and Health Promotion Through Peer-Led Mobile Sexually Transmitted and Blood Borne Infection (STBBI) Clinics on two University Campuses**

Mary Lou Batty<sup>1</sup>, Stacey Taylor<sup>2</sup>, Samara Wilson<sup>3</sup>, Alexa Johnston<sup>3</sup>

<sup>1</sup>University of New Brunswick, Faculty of Nursing, Fredericton, Canada. <sup>2</sup>University of New Brunswick- Student Health Centre, Fredericton, Canada. <sup>3</sup>University of New Brunswick, Faculty of Nursing, Student, Fredericton, Canada

### **Abstract**

#### **Key Learning Outcomes(s):**

Participants will demonstrate an understanding of:

- a. Health promotion through mobile STBBI screening clinics on two university campuses.
- b. How to replicate this cost-effective approach in other community settings.

#### **Focus:**

Two students, one faculty and one nurse practitioner (NP) have contributed to this presentation which focuses on peer-led mobile STBBI screening in university campus settings. Clinics help nursing students understand the meaning of “health for all” (CHNC Standard 6) and are designed to reduce barriers to testing by incorporating evidence (CHNC, Standard 7) into every aspect of design. Barriers to testing in this population include: fear and stigma about testing, low risk perception, difficulty accessing services, (Laprise, C. & Bolster-Foucault, C., 2021), cisnormativity through non-inclusive clinic environments, lack of provider knowledge and competency (Stewart, M. et al, 2022).

#### **Findings:**

This presentation addresses CHNC Standard 1: Integrating health promotion into practice and emphasizes the Ottawa Charter strategies of reorienting health services, creating supportive environments and developing personal skills.

Clinic attendance has increased yearly, and anecdotal reports indicate clinics are reducing testing barriers. Test results and treatment are provided by the NP at the Student Health Centre. Most students who test positive report being asymptomatic but tested because of convenience, peer support and welcoming, non-judgmental environments.

**Abstract Book**

*Abstract are sorted by presentation type. For the latest version of the program, please consult the online interactive program at <https://bit.ly/CHNC2024program>*

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Experiential and service-learning components help nursing students leverage their strengths and they bring examples to this presentation. Students report the clinics deepened their understanding of health equity.

**Actionable Implications:**

Student-created resources could be adapted to other settings.

Seeking partnerships/evaluation with other agencies.

**O17**

## **When the nurse’s expertise shapes tomorrow’s digital tools.**

Bene Franquien

VON, Halifax, Canada

### **Abstract**

Going through a digital transformation, and forgoing the paper chart, is an exciting step and also comes with challenges, such as connectivity issues and change management. In order to create a digital record that facilitates nursing documentation and supports the provision of safe and quality care, nurses need to be involved at each step.

Our out-of-the-box digital solution lacks features allowing for documentation supporting best practices. Since we have already identified those features in our policies and current tools, we provided our vendor with a list of the required enhancements and started developing our custom tools in the meantime. We defined a process to transition the content of our forms from paper to electronic versions. Draft electronic forms were submitted to nurse educators to collect initial feedback and modifications. Final versions were then integrated into a nursing workflow. Finally, both forms and workflow went through a last end-to-end testing prior to launching digital nursing documentation at our Beta site on September 25th, 2023.

We continue to collect feedback to ensure our digital tools are responding to our clients’ and our nurses’ needs. This project underscores the importance of early nurse engagement in the achievement of a successful transition to an electronic health record. This allows for continuity of care, quality care and documentation, and improved satisfaction of frontline nurses, and therefore their full commitment to the digital transformation.

**O18**

## **Revolutionizing Home and Community Care: MySE Life App's Impact on Capacity Building and Coordinated Care**

Jacqueline Vlahos

SE Health, Markham, Canada

### **Abstract**

Efficient patient care management tools have posed a persistent challenge in home and community care. SE Health's development of the MySE Life app, created by nurses using human-centred design principles, addresses this issue. The primary goal is to provide frontline nurses with a user-friendly tool that empowers them to self-direct care, align with patient needs, and support service provider continuity, ultimately enhancing patient safety.

What sets SE Health apart is the active involvement of frontline care providers in the app's development. This approach ensures alignment with their workflow, captures valuable insights, and continually refines the solution. SE Health nurses have risen to the challenge of enabling SE Health's HOPE Model of Care with technology and innovatively developing new approaches to reach more clients who can benefit from their services.

By leveraging technology designed by providers, we can work more effectively with clients to identify their life goals and meet their care needs with greater precision. This transformative process aligns seamlessly with the Standard of Capacity Building in home and community care, enabling us to extend our reach and provide comprehensive support to our patients.

Our work underscores the transformative power of human-centred design, capacity building, and its positive impact on care delivery in home and community care. This innovative approach offers valuable insights, presenting a pathway to revolutionize healthcare delivery, enhance patient safety, and ultimately the quality of care within our communities.

**O19**

## **Understanding the Experiences of Chestfeeding for Transgender Men and Non-Binary People in Ontario**

Erin Ziegler<sup>1</sup>, Barbara Chyzy<sup>2</sup>

<sup>1</sup>Toronto Metropolitan Univeristy, Toronto, Canada. <sup>2</sup>Toronto Metropolitan University, Toronto, Canada

### **Abstract**

**Aim:** To describe the results from a research study that examined the experiences of chestfeeding (human milk feeding) for transgender men and non-binary people in Ontario.

**Background:** Transgender men and non-binary people often encounter barriers when accessing support for chestfeeding and lactation following the birth of their baby, yet human milk feeding is important for the optimal health of their infants. Barriers include lack of access to gender-affirming services and providers, and conflicts with their gender identity. Limited research in Canada exists to understand how transgender men conceptualize support and what individual and systemic elements facilitate and positively impact chestfeeding and lactation.

**Methods:** This qualitative study was guided by queer phenomenology theory to make meaning of fluid, embodied and intersectional aspects of identity and lived experiences of trans men and non-binary people while chestfeeding. Interpretive description was used to analyze data.

**Results:** Eight transmen and non-binary people from Southern Ontario participated in this study. Themes were grouped into facilitators and barriers to receiving care. Facilitators included having access to support, receiving gender-affirming care, access to knowledge, having autonomy, and planning and preparing for chestfeeding. Barriers included a lack of gender affirming care, lack of knowledge from health care providers, feelings of “gender dysphoria”, transphobia and lack of support.

**Conclusion:** Understanding the experiences of chestfeeding for trans men and non-binary people is important for public health and community health nurses in order to promote gender affirming and accessible care.

**O20**

**Including 2SLGBTQIA+ migrants' counternarratives in community health nurses' education**

Roya Haghiri-Vijeh<sup>1</sup>, Nancy Clark<sup>2</sup>, Judy MacDonnell<sup>1</sup>

<sup>1</sup>York University, Toronto, Canada. <sup>2</sup>University of Victoria, Victoria, Canada

**Abstract**

Similar to most healthcare programs, nursing programs strive to prepare students to provide inclusive care for diverse populations, but some either have included limited experiences of migrants and 2SLGBTQIA+ people in their curriculum or lack educators who are prepared to incorporate content on cultural safety and affirming practices. This is of paramount importance for community health nursing courses where the focus is on social justice, health equity, and upstream approaches. This presentation will draw on a research study that aimed to understand the experiences of 2SLGBTQIA+ migrants with nurses and other healthcare professionals in Canada. Gadamerian hermeneutics qualitative research methodology with intersectionality as an analytical lens was utilized. In-depth semi-structured individual interviews were conducted with 16 participants. A critical conversation will be initiated with the audience on the implications of research findings on intersectional identities of migration trajectories and 2SLGBTQIA+ identities and orientations. Case studies will be provided for community health nursing educators in the academia to include in their teaching of future nurses. In addition, examples will be provided for nurse educators in practice to include in the content for professional development programs for current nurses on culturally safe care and trauma-and-violence-informed practices that challenge biases. In particular, the 2SLGBTQIA+ migrants in this study called on nurses and other healthcare professionals to recognize and include the strengths and resilience of 2SLGBTQIA+ migrants in healthcare practice, education, and research versus an attenuated deficit discourse focus.

**O21**

**“A void in our community”: Exploring the complexities of delivering and implementing primary care services for transgender individuals in Northern Ontario**

Erin Ziegler

Toronto Metropolitan University, Toronto, Canada

**Abstract**

**Aim:** To understand how the implementation of primary care services for transgender

individuals is undertaken and delivered by practitioners in Northern Ontario.

**Background:** Northern Ontario, Canada has a shortage of primary care health practitioners and of these, there are a limited number providing transgender primary care. Transgender people in Northern Ontario must also negotiate a lack of allied and specialty services related to transgender health and travel over long distances to access those services that do exist.

**Methods:** A convergent mixed methods design was guided by Normalization Process Theory

(NPT) and a social justice lens was used to explore transgender primary care delivery and

implementation by nurses, nurse practitioners, physicians, social workers, and psychotherapists. The NoMAD survey measuring implementation processes was elaborated through qualitative interviews with participants. Analysis of key themes emerging using the NPT framework informed understanding of primary care successes, barriers, and gaps in Northern Ontario.

**Findings:** Key themes included the need for more education on transgender primary care

practice, increased need for training and awareness on transgender resources, identification of unique gaps and barriers to access in Northern Ontario transgender care, and the benefits of embedding and normalizing transgender care in clinical practice to practitioners and transgender patients. These findings are key to understanding and improving access and eliminating healthcare barriers for transgender people in Northern Ontario.

**O22**

## **Thrifting Down Memory Lane: Addressing Social Injustice for Persons Living with Dementia**

Cassandra MacLeod, Jennifer Samson, Sumangala Shanmuganathan

Humber College, Etobicoke, Canada

### **Abstract**

Long-term care (LTC) homes play a vital role in the care of persons living with dementia (PLWD), our designated community members (CM). The focus for our community nursing student project was to lead staff away from task-oriented culture and towards prioritizing emotional well-being. It is essential to find ways for this population to have equal rights and opportunities to engage in meaningful social activities as they often experience injustices due to the stigma that they cannot participate in instrumental activities of daily living. Utilizing evidence informed practice and the concepts of emotion-based care (EBC), our team implemented a “Thrift Shop” health promotion intervention to provide our CM the opportunity to feel a sense of normalcy of everyday life. Additionally, a shopping allowance was provided to CM to help with equal participation. Collaboration with key partners in care, such as family members, staff, and educators, along with reminiscence therapy, guided the intervention to be person-centred by curating “shop” items that held significance to our CM. Common themes found through evaluation were feelings of: (1) enjoyment; (2) normalcy; and (3) hopefulness for another simulation. In attempts to promote health equity, the “Thrift Shop” experience was implemented to build capacity in two ways: for our CM to feel a sense of purpose and regain emotional well-being, and for role modelling EBC amongst staff. These findings have implications for meaningful engagement activities in LTC settings and support EBC for PLWD as a nonpharmacological intervention to improve social justice in this population.



**O23**

## **A Tale of Two Diasporas: Food and Housing Insecurity among Syrian and Ukrainian Refugee Women in Canada**

Areej AL-Hamad<sup>1</sup>, Kateryna Metersky<sup>1</sup>, Yasin Yasin<sup>2</sup>, Molly Hingorani<sup>1</sup>, Caitlin Gare<sup>1</sup>

<sup>1</sup>Toronto Metropolitan University, Toronto, Canada. <sup>2</sup>University of Doha for Science and technology, Doha, Qatar

### **Abstract**

Food and housing insecurity are significant challenges faced by Ukrainian and Syrian refugee women in Canada, a pressing issue that has garnered increased attention in the wake of recent global displacement crises and food price inflation. The comparative nature of the study enriches our comprehension of their struggles, offering a holistic perspective that is vital for informing policy, shaping inclusive practices, and fostering resilience among refugee communities. By delving into the unique experiences of these two distinct refugee populations, the research aims to illuminate the intricate realities of their daily lives, providing invaluable insights for the development of targeted support and interventions. This study explores the experiences of Ukrainian and Syrian refugee women regarding food and housing insecurity in Toronto, Canada. The study examined their “do-it-yourself” (DIY) tactics, engaging 15 participants from both communities to gather their perspectives and insights. We found four themes in how Syrian and Ukrainian refugee women combat food and housing insecurity in Canada: resourcefulness and resilience; empowerment through creation; hidden struggles; and turning struggles into creative inspiration. The study’s findings provide an in-depth understanding of these refugee women’s experiences of food and housing insecurity. By recognizing and harnessing the resourcefulness and resilience of refugee women, policymakers and service providers can better design interventions that empower refugee women and facilitate successful settlement and integration. This study is a commitment to advancing social justice and human dignity, ensuring that Canada’s response to refugees is not only robust but also profoundly empathetic and nuanced.

**O24**

## **Undernourishment, food insecurity, and malnutrition and the seven food discourses: A critical discourse analysis**

Faisal Mohamed<sup>1</sup>, Arnel Borrás<sup>2</sup>

<sup>1</sup>York University, Toronto, Canada. <sup>2</sup>St. Francis Xavier University, Antigonish, NS, Canada

### **Abstract**

The levels of undernourishment, food insecurity, and malnutrition are increasing across the world, widening health inequities between classes and groups of people among and within countries. How and why do these social and public health problems persist? Informed by critical political economy theory and discourse analysis method, we examined relevant existing literature focusing on the relationships between food politics, policy, and health to address such problems. Our findings demonstrate seven distinct but at times interrelated seven food discourses: 1) nutritionism; 2) right to food and health; 3) food security; 4) household food insecurity; 5) food insecurity as a social determinant of health; 6) food justice; and 7) food sovereignty. These competing and converging food discourses offer various perspectives on the causes and solutions to undernourishment, food insecurity, and malnutrition. The dominant food policy discourses have addressed these health problems through nutritionism, food insecurity, or food security approaches. We conclude that the food sovereignty discourse provides a better way of comprehending and responding to the food question relative to health inequity. Labour and health movements must collaborate with food sovereignty movements to address these pressing social and health problems. Nurses and healthcare workers are mandated by the government and professional bodies to advocate for social justice issues and healthy public policy. This study contributes to current scholarly and societal debates on addressing persistent food and health problems — a nursing leadership and activism issue. This research can be adopted in the global, national, regional, and local contexts.

**O25**

**Decent Work: Four roles for nurses to address precarious employment as a social determinant of health and health equity**

Nandini Saxena, Mandy Walker

National Collaborating Centre for Determinants of Health, Antigonish, Canada

**Abstract**

Precarious employment is a growing driver of poor health and health inequities for communities across Canada. It contributes to poverty, food insecurity and housing instability for workers and their families and is associated with poorer mental and physical health outcomes, including higher rates of occupational injury and illness for workers. In response to this disturbing trend, decent work is a shared agenda for change. Nurses play a key role in the movement for decent work. This presentation will explore four roles for nurses to advance decent work – as a social determinant of health and health equity – in their practice and communities. Each role will include concrete actions and real-world examples from nurses and other health providers in various settings across Canada. Nurses can use these roles to help identify gaps, set priorities and make decisions for how to begin or deepen their own action on decent work. After attending the session (which aligns with the conference’s Health Promotion theme), participants will be able to: 1) explain the four roles for public health and community health to advance decent work and health equity, 2) describe real world examples of how nurses and others have responded to precarious employment and hazardous work in their communities, and 3) adapt and implement decent work actions to address local worker needs and improve health and health equity.

**O26**

## **Confronting intersectional health inequities: Critical perspectives from Canadian labour leaders and activists**

Arnel Borrás<sup>1</sup>, Jessica Vorstermans<sup>2</sup>

<sup>1</sup>St. Francis Xavier University, Antigonish, Nova Scotia, Canada. <sup>2</sup>York University, Toronto, Canada

### **Abstract**

Canada faces significant health inequities, primarily based on social class, gender, and race. Using an intersectionality lens, we examine the causes and potential strategies to address such inequities. Our literature review and thematic analysis of interviews with five influential Canadian labour leaders and activists reveal that social and health inequities fundamentally result from the interplay of capitalism, sexism, racism, and historical colonialism. Preventing and reducing health inequities requires public policies addressing the social determinants of health, such as employment and working conditions, income and wealth distribution, and healthcare systems and services. Tackling these interrelated social issues necessitates continuing political action and social activism spearheaded by unified labour, social, and health movements. Nurses and other health care workers, scholars, activists, and policymakers should incorporate these main findings into their research, practice, and advocacy efforts to help address widespread health and health care inequities. This study can be adopted locally, nationally, regionally, and globally.

**O27**

## **Exploring Equitable Maternal-Newborn Care with Sub-Saharan Black African New Migrant Women in Ontario, Canada**

Adebanke Afolabi, Shokoufeh Modanloo, Glorieuse Uwizeye

Western University, London, Canada

### **Abstract**

Black new migrant women from African Sub-Saharan countries are among those who are most consistently marginalized due to systemic racism and discriminatory practices in community health care services. Studies revealed that Black women are more likely to experience prenatal depression compared to White women. Also, the rate of maternal mortality among black women is over four times higher than that of white women. In this explorative qualitative study, we will discuss the unique challenges Black African migrant women face when accessing community health care for maternal-newborn care in Ontario, and use an intersectional-inspired approach to explore the structural and intersecting factors that impact their living experiences. Interpretive Description Qualitative study design will guide the methodological approach. The inclusion criteria are Black African new migrant women residing in Ontario in the last five years, who have accessed maternal-newborn care, and women who are willing to share their experiences related to maternal-newborn care. Purposive and snowball sampling approaches will be adopted, the sample size will consist of 15 to 20 participants. A semi-structured interview for data collection, iterative and inductive approaches will be adopted for data analysis. Collected data would be transcribed and subjected to QSR International's NVivo 12 for organizing and coding. This study's findings will bridge the knowledge-to-practice gap by providing deeper insight into maternal-newborn health inequities experienced by this population. Helps in CHN education, research, and practice by enhancing the provision of culturally safe care, guiding policies that are targeted at improving health outcomes, and closing the gaps in systemic inequities.

**O28**

## **Policy-related homelessness discourses in Canada: Implications for nursing research, practice, and advocacy**

Arnel Borrás<sup>1</sup>, Morris Komakech<sup>2</sup>, Dennis Raphael<sup>3</sup>

<sup>1</sup>St. Francis Xavier University, Antigonish, NS, Canada. <sup>2</sup>Nipissing University, North Bay, ON, Canada. <sup>3</sup>York University, Toronto, Canada

### **Abstract**

Despite Canada's commitment to several international human rights instruments recognizing the right to housing, homelessness remains widespread nationwide. Informed by critical political economy theory and critical discourse studies, we examined relevant literature focusing on homelessness policy-related documents in the Canadian context. The findings demonstrate interrelated homelessness policy discourses: 1) emergency shelters, 2) housing first, 3) social determinants of health, 4) human rights, and 5) political economy approach. We conclude that a critical political economy approach offers the most helpful way of understanding and responding to the homelessness crisis in Canada. Homelessness is a socioeconomic and political problem requiring nurses and health professionals to take sociopolitical actions. As nurses and health justice advocates, we must march in solidarity with labour, health, and social movements to address homelessness and protect population health. This study can be adopted in local, national, and global settings.

**O29**

## **“Paving a path for myself”: Social exclusion and inclusion experiences of immigrant women in the Niagara Region**

Joanne Crawford<sup>1</sup>, Tara Lundy<sup>1</sup>, Jane Moore<sup>1</sup>, Chiarina Crawford<sup>2</sup>, Nyarayi Kapisavanhu<sup>3</sup>

<sup>1</sup>Brock University, St. Catharines, Canada. <sup>2</sup>Altum Health, Hamilton, Canada. <sup>3</sup>Tools of Empowerment for Success Niagara, Welland, Canada

### **Abstract**

Navigating the social and physical environment in Canada can be quite challenging for immigrant women, who have intersecting social identities and experience social inequalities. Often, these women are most likely to experience social exclusion, a key social determinant of health (SDOH). Often, this SDOH is overlooked and poorly understood, and requires breadth and depth of understanding from those most affected. To address this issue, community health nurses and community organizations collaborated to examine social exclusion and inclusion experiences among immigrant/refugee women, and the perspectives of community workers who work with immigrant/refugee women in Niagara, Ontario. Using qualitative descriptive research, we interviewed 10 women and 14 community workers, and gained insights into unique settlement transitions and the necessity to create new social identities, as well as the positive aspects of social inclusion in places and spaces within their communities. The overarching themes represent the journey of immigrant/refugee women: gendered perspectives of exclusion; systemic layers of exclusion; and “paving a path for myself” in a new context. The findings inform public and community health nursing through contextual understanding of key factors of social exclusion that intersect to influence health and well-being for immigrant/refugee women in Canada. Implications for nursing relates to advocacy and leadership through purposeful integration of social inclusionary processes in the development of informal tailored health promotion strategies. Community health nurses may also collaborate with other sectors to promote inclusion as a key SDOH in already existing health promotion programs to facilitate healthy outcomes for all.

**O30**

**Merging settlement service and nursing expertise: Partnering to promote health among women living at the intersections of gender-based violence, race, and migrant status**

Dr. Shahin Kassam, Dr. Vicky Bungay

University of British Columbia, School of Nursing, Capacity Research Unit, Vancouver, Canada

**Abstract**

Collaboration across sectors to promote the health of complex populations is a pillar of Canadian community health nursing practice standards. However, one sector that has been minimally addressed within nursing involves non-profit community settlement services. Central to facilitating integration and access to intersecting health, social, and legal systems, Canadian settlement services remain an undervalued yet key sector serving populations immigrating to Canada. Rapid demographic change in Canada is occurring due to national priorities of migrant-driven population growth as well as severe worldwide fragmentation of geopolitical structures. Half of all migrant groups are women who bear relentlessly disproportionate experiences of diminished access to health and social services. The need to address these inequities is more urgent now than ever. This presentation highlights a community-based research study conducted within Vancouver, British Columbia that merges the expertise of the community settlement co-lead, DIVERSEcity Community Resource Society, with nursing. In seeking to understand experiences of access among women living within the intersections of gender, race, and migration status, this study demonstrates outcomes of reciprocal engagement between settlement services and nursing. Findings from this study include recommendations made by women on what facilitated access to services upon arriving in Canada, and what supports were predominantly relied upon. Three key action-oriented learning outcomes will be highlighted. These include: (i) how program delivery can occur at the crossroads of gender-based violence, literacy, and socioeconomic systems, (ii) what mental health services need to be integrated within service provision, and (iii) the need for timely connection to appropriate resources.



**O31**

**Hearing all Sides: Unpacking Factors Shaping Views on Safe Consumption Sites to Inform CHN Advocacy Efforts Grounded in Listening.**

Tina Ranta, Dr. Cheryl van Daalen-Smith

York University, Toronto, Canada

**Abstract**

The role of the community health nurse who seeks to enable healthy equity, is to listen and hear all sides. With the rapid increase in opioid usage, and the emerging evidence regarding the role of safe consumption sites in supporting persons who use drugs, there remains concerns that harm reduction principles and practices are not universally embraced nor understood. In acknowledging the heightened challenges faced by people who use drugs in gaining acceptance and access to services, aligning with the principles of health equity, the research initiative to be discussed aims to understand the formation of local community perspectives on safe consumption sites amid the opioid epidemic.

The study's goals align well with the *Canadian Community Health Nursing Professional Practice Model and Standards* (2019) involving health equity advocacy, community consultation, capacity-building and facilitating proactive change to support the local integration of safe consumption sites and the individuals they serve. The findings from this research will empower safe consumption sites, as well as community health nurses within these settings, to adapt engagement strategies or innovate new approaches to building professional relationships with local communities. These insights contribute to improved healthcare delivery and enhanced community health of folks otherwise marginalized, aligning with the goal of building strong and resilient communities amid the current opioid crisis.

Learning outcomes from this presentation aim to generate research questions and foster collective nursing capacities crucial for addressing priority issues in the opioid epidemic.

**O32**

**What were they doing to get shot? An exploration of the value of Community Health Nursing’s socioecological lens for critical care trauma nurses caring for persons with gunshot injuries.**

Jennifer Hodder, Cheryl van Daalen-Smith

York University, Toronto, Canada

**Abstract**

Abstract:

We, in Canada, are seeing a rise in gun violence, and nurses no matter where they work, are bearing witness to this trend. For many, gun violence is viewed as a public health epidemic with complex social and structural roots. Critical care trauma nurses (CCTNs) care for those most impacted by this trend, often navigating complex feelings, family needs and very sick patients. The principal investigator of this study found herself asking “What can I do, from here, at the bedside?”

With that question as a guide, an innovative exploration into the experiences of CCTNs caring for persons with gunshot injuries enabled the study’s methodology to first embed in consultation with community-based professionals followed by meaningful interviews and a focus group with CCTNs. Drawing from both complexity theory and the socioecological model (SEM) well-known and widely adopted by CHNs in Canada, this study presents findings where the structural analyses associated with the SEM prove valuable to enabling CCTNs to make sense of that which is senseless: the increase in gun violence in Canada and what we can do from our own professional vantage points.

Sense making implications for all nurses include mental health supports, increased and improved diversity and equity training, and bridging community with acute care as a means of improved understanding of persons living with gun violence and catharsis through (re)connection.

Learning Outcomes:

To explore the value of CHNursing’s socioecological lens for critical care trauma nurses caring for persons with gunshot injuries.

**O33**

## **Refugee women's entrepreneurship and capacity building**

Caitlin Gare, Areej Al-Hamad

TMU, Toronto, Canada

### **Abstract**

The increased inflow of refugees into Canada has brought to light significant shortcomings in the infrastructure and resources available for supporting settlement of newcomers. A notable challenge has been the scarcity of employment opportunities, especially for refugee women, prompting the exploration of innovative strategies such as entrepreneurship. However, a review of the existing literature highlighted substantial gaps in understanding this phenomenon. Hence, this concept analysis sought to define and enhance the understanding of refugee women's entrepreneurship, laying the groundwork for future research. Employing Walker & Avant's methodology for concept analysis, this analysis identified antecedents, attributes, and consequences of refugee women's entrepreneurship while constructing borderline, contrary, and model cases to illustrate it. Importantly, this analysis serves as a call to action for academia, policymakers, and caregivers to bridge the knowledge gap by devising conceptual frameworks, interventions, and further research initiatives.

Within community health, the concept of refugee women's entrepreneurship signifies a means of capacity building. Its presence enables refugee women to achieve autonomy, well-being, financial stability, and ultimately, successful integration into their host country. Aligned with the standard of "Building individual and community capacity", this concept underscores the importance of aiding refugee women in leveraging their strengths to cultivate independence and self-sufficiency in new environments. For community health nursing, supporting the capacity-building endeavours of refugee women is paramount in fostering their well-being and achieving self-defined success. By empowering these women through entrepreneurship, community health nurses play a pivotal role in facilitating their integration and promoting their overall health and resilience.

**O34**

## **Refugee Women’s Entrepreneurship and Its Socioeconomic and Well-being Impact: A Scoping Review**

Molly Hingorani

Toronto Metropolitan University, Toronto, Canada

### **Abstract**

The study delves into the burgeoning interest in understanding the experiences of refugee women in entrepreneurship and its impact on their socioeconomic status and well-being in new host countries. Utilizing a scoping review methodology, guided by Arksey and O'Malley's (2005) framework, this review aims to comprehensively explore the multifaceted dynamics shaping refugee women's entrepreneurial journeys. A total of 224 articles were identified across seven databases of which 12 articles were included as relevant after a rigorous screening and selection process. The results of the review revealed the intricate interplay of diverse factors and barriers in shaping the entrepreneurial experiences of refugee women. Notably, analysis of the impact of entrepreneurial engagement indicates it as a source of empowerment for refugee women, positively influencing their socioeconomic status and overall well-being. Implications identified from the review highlight the need for tailored programs empowering refugee women with skills to overcome entrepreneurial barriers, alongside the imperative to revise policies for gender sensitivity and establish inclusive entrepreneurship regulations. This insight is valuable in guiding community health nurses' efforts toward advocacy, culturally sensitive policy development, and programming. Implementing these implications through community health nursing initiatives across diverse sociopolitical and healthcare contexts can promote the mobilization of refugee women's entrepreneurial strengths. Therefore, this study abstract aligns primarily with the theme of capacity building. Key learning outcomes encompass comprehension of the impact of entrepreneurship on refugee women's empowerment, economic inclusion, and overall health and well-being. Alongside, contributing to an understanding of the broader impact on community health.

**O35**

## **Championing a Co-Design Approach for a Nursing Transfer of Accountability (TOA) Tool in Home Care Settings**

Jennifer D’Onofrio, Viktoriya Milikhina

VHA Home Healthcare, Toronto, Canada

### **Abstract**

#### Purpose

Effective nursing transfer of accountability (TOA), or handover, is essential to ensuring continuity of care and client safety. As part of the Accreditation Canada program, VHA Home Healthcare is addressing TOA as a high-priority area, with a focus on the Adult Visiting Nursing program. This abstract describes a proposed plan to co-design an enhanced TOA tool, while ensuring the voices of clients, families, client partners, and point-of-care nurses drive the project from conception to completion.

#### Proposed Methods

To better understand our current state and identify improvement opportunities, we will conduct a Lean-focused process review, utilize empathy mapping to identify pain points, and perform an environmental scan of practices used in other home care organizations. Then we will utilize design sprint methodologies to create and assess prototypes and establish measures to monitor TOA activity.

#### Implications

Typically, visiting nurses do not have real-time, face-to-face opportunities to pass client-specific information from one nurse to another in a designated location. Considering the unique nature and paucity of literature related to TOA in home care, other home care organizations may be interested in adapting our tool or in learning how to apply lean methodologies in practice improvement.

#### Key Learning Outcomes

Attendees will examine key considerations for TOA in home care settings and discuss the perspectives of clients, families, client partners, and nursing staff as important representatives in all stages of the co-design process.

**O36**

## **Housing as a Human Right: Addressing Homelessness during Pregnancy for Women and Gender Diverse People in Toronto, Canada**

Barbara Chyzyy

Toronto Metropolitan University, Toronto, Canada

### **Abstract**

**Aim:** Community health nurses are vocal advocates in promoting health equity and addressing the social determinants of health. This presentation will describe the results of a one-day symposium held in Toronto, Canada in June 2023 that aimed to address the siloed approach to housing provision for homeless pregnant and postpartum populations. Over 60 people attended the symposium including people with lived experience of homelessness during pregnancy, interdisciplinary service providers, policy makers and researchers.

**Background:** Every year, an estimated 300 children are born into homelessness in Toronto, Canada. Pregnant women and gender diverse (WGD) people facing homelessness have decreased access to prenatal support. One of the main barriers for this population are siloed policies where sectors do not collaborate with each other or have complicated and inaccessible services, which leads to frequent relocation and fragmented access to services. The experiences of homelessness for WGD people are distinct from men. WGD tend to experience 'hidden homelessness', which means they are more likely to rely on relational, precarious, and sometimes dangerous housing options like couch surfing, staying in exploitive relationships, or trading sex for housing. The greater visibility of men in the homelessness sector means that existing policies and services tend to be male-centric and fail to meet pregnant and postpartum people's needs. Adopting a gender-based analysis approach is critical for policymaking because it acknowledges intersecting identifies where certain groups of WGD people are disproportionately affected by homelessness including Indigenous people, recent immigrants and those experiencing intimate partner violence, poverty, and substance use.

**O37**

## **Prenatal Outreach to Prevent Infant Apprehension**

Brianne Harland

Sanctum Care Group, Saskatoon, Canada

### **Abstract**

Sanctum 1.5 is a home for prenatal mothers who are at risk of infant apprehension. Risk factors include HIV, limited prenatal care, homelessness, substance use, domestic violence, and other children in the foster system. Sanctum 1.5 opened in 2018 to address the rates of infants entering the foster care system, STIBBI transmission, and the burden on the healthcare system. PORT (Prenatal Outreach Resource Team) is a team developed by SCG that work with mothers in the community to provide early intervention in pregnancy and prevent infant apprehension.

Our Home Support Workers, Indigenous Workers, and Case Managers work with the mothers to promote physiological needs, ensure safety and nurture a feeling of belonging. As the PORT RN and Sanctum 1.5 RN, I provide non-judgmental care and promote equitable healthcare for the mother-infant dyad. The RN's focus surrounds STIBBI education, treatment and follow-up, medication adherence, complex prenatal care and postnatal care, OAT management, and advocacy. Sanctum 1.5 and PORTs approach is positively reflected in our data which is gathered prenatally and one year postnatally.

My practice as an RN with this organization reflects the values of Practice Standard 1 of CHN Practice Standards: Health Promotion. The learning outcomes for CHNs in this population include:

Community-based, wrap-around care decreases STIBBI transmission and promotes positive prenatal outcomes.

Providing care with trauma-informed and harm reduction focus lowers health risk.

Barrier-free access to services that address all human needs (cultural, physical, mental, emotional, and individual) increases engagement in care and fosters healthy families

**O38**

## **Evidenced Based Art as a Knowledge-Translation Tool: Creating Awareness about Homelessness during Pregnancy**

Barbara Chyzy<sup>1</sup>, Jenna Bly<sup>2</sup>, Karen Suzuki<sup>3</sup>

<sup>1</sup>Toronto Metropolitan University, Toronto, Canada. <sup>2</sup>MATCH Program, South Riverdale Community Health Centre, Toronto, Canada. <sup>3</sup>Curiosity Shop, Toronto, Canada

### **Abstract**

This presentation will include a history of the formation of the Young People No Fixed Address (YPNFA) network, funded by the City of Toronto, following a preventable death of an infant in a city shelter in 1993, and present an animated film that was created to serve as a multi-faceted Knowledge-Translation, peer support and advocacy tool. Toronto Public Health, with the support of the YPNFA Network, has engaged in hand collection of data for people experiencing homelessness in pregnancy for the past 25 years. The number of births to Torontonians experiencing homelessness has remained constant during that time. Our Network wanted to highlight this data as well as the challenges facing this perinatal population by creating an evidence based tool that could help us both engage in advocacy at city and provincial tables, while also creating a high-quality, accessible peer support tool that would direct potential clients of the frontline providers in the Network to publicly funded, unbiased resources rather than privately funded, biased "pregnancy crisis centres". The result was a creative animation video depicting a fictional composite hero myth. The video is grounded in qualitative and quantitative data that demonstrates both the strength and bravery of these families as well as the challenges they face.



**039**

## **Advancing evidence-informed practice in East Toronto: a journey in integrated care as a Best Practice Spotlight Ontario Health Team (BPSO OHT)**

Chantel Marshall<sup>1</sup>, Margery Konan<sup>2</sup>, May Tao<sup>3</sup>, Matt Wong<sup>4</sup>, Susan Filax<sup>1</sup>

<sup>1</sup>Spectrum Health Care, Toronto, Canada. <sup>2</sup>Toronto East Health Network, Toronto, Canada. <sup>3</sup>Toronto Public Health, Toronto, Canada. <sup>4</sup>VHA Home Healthcare, Toronto, Canada

### **Abstract**

Community nursing champions have empowered evidence-based practice across an integrated system of care in the East Toronto Health Partners (ETHP) Ontario Health Team (OHT). OHTs have been introduced as a significant system transformation, with the goal of integrating healthcare services, across sectors, for a defined population. When acute, tertiary, primary care, and community-based care teams collaborated in East Toronto's OHT, partners were challenged to identify their strengths and their roles within this larger partnership. We believe that sharing strategies and outcomes from our experience can help inform successful partnerships in other integrated care settings.

In 2019, four East Toronto organizations embarked together on a 4-year commitment to collaboratively implement four Best Practice Guidelines. As work progressed, additional community partners joined. The Best Practice Spotlight Organization (BPSO) program, operated by the Registered Nurses' Association of Ontario, historically had supported *individual* organizations in guideline implementation. ETHP is among the first BPSO OHTs, and our experience can inform how partners work together in driving evidence-based care.

Community nursing leadership played a vital role in offering crucial insights for the co-design and implementation of Guidelines related to falls prevention and transitions in care. Educational materials crafted for broad implementation not only addressed immediate hospital needs but also considered the transitions and requirements in home care, community care, and primary care, ensuring a consistent message across diverse care environments.

Learning outcomes:

Increase knowledge of the contribution of community nursing in advancing evidence-based practice, across sectors.

Learn strategies for coalition-building to enable successful integrated care.

**O40**

**A Hospital Screening Pilot Project (HSPP) – Reflections from a Pilot Project  
Public Health Nurse**

Nikita Vaz

Toronto Public Health, Toronto, Canada

**Abstract**

Healthy Babies Healthy Children (HBHC) is a home visiting program designed to give children the best start in life. Universal postpartum screening is a key strategy for identifying at-risk families with newborns that could benefit from the program and, the screening is routinely completed by postpartum nurses at birthing hospitals. Between July 17 and October 13, 2023, a large urban public health unit partnered with a local community hospital to pilot test an innovative screening model that aims to improve access and facilitate uptake of HBHC service.

For the pilot project, postpartum screening was completed by HBHC Public Health Nurses at bedside and for eligible at-risk families, they were offered a home visit for further assessment after hospital discharge. Preliminary findings showed that there was a significant improvement in postpartum screening rate, positive uptake of the home visit offer, and positive feedback commending Public Health Nurses' assistance between transitions from hospital to home. Working together with community partners creates an opportunity to promote the best start for a child's life.

Key Learning Outcomes:

1. Describe the HSPP and how it advances client health outcomes.
2. Reflect on the experiences and observations of serving clients and families at the hospital as a pilot project Public Health Nurse.

**O41**

**Advancing health equity: A tale of one city**

May Tao, Renee Boi-Doku

Toronto Public Health, Toronto, Canada

**Abstract**

The *Canadian Community Health Nursing Standards of Practice* calls for advancing health equity individually and organizationally. This bold directive requires community health nurses to lead and incorporate actions into their nursing practice that reduce health inequities within communities.

As a Best Practice Spotlight Organization, this large urban public health unit serves a diverse population from an array of cultural, linguistic, and racial backgrounds. Since 2005, the health unit has embedded the principles of health equity in their programs and services which is supported by nursing leadership that values innovative evidence-informed nursing practice through an equity lens. Health equity is foundational to the evolving strategic direction of this health unit, and it informs approaches that Public Health Nurses (PHNs) utilize to promote health equity for equity-deserving groups. A focus on health equity within the health unit has resulted in an increase of PHNs' competence and confidence in assisting individuals and groups to identify barriers to health and share in developing appropriate solutions. In this presentation, we will use a storytelling format to illustrate how this health unit continues to advance health equity by sharing examples and interventions used at the micro and meso levels.

**Learning Outcomes:**

1. Describe how a public health unit incorporates health equity principles to develop innovative strategies at the micro and meso levels.
2. Apply evidence informed interventions in advancing health equity within public health units.

**O42**

## **Integration of Primary Care Education into Undergraduate Nursing Programs: A Scoping Review**

Deanne Curnew<sup>1,2</sup>, Julia Lukewich<sup>1</sup>, Maria Mathews<sup>3</sup>, Marie-Eve Poitras<sup>4</sup>, Kathleen Stevens<sup>1</sup>, Kristen Romme<sup>1</sup>, Toni Leamon<sup>1</sup>, Dana Ryan<sup>1</sup>

<sup>1</sup>Memorial University, St. John's, Canada. <sup>2</sup>Centre for Nursing Studies, St. John's, Canada. <sup>3</sup>Western University, London, Canada. <sup>4</sup>Université de Sherbrooke, Sherbrooke, Canada

### **Abstract**

Learning outcomes:

1. Describe the role of undergraduate nursing education in primary care (PC) nursing preparation.
2. Discuss the attributes and extent of PC education within undergraduate nursing programs.

Background: Opportunities for Registered Nurses (RNs) in PC are expanding as healthcare systems integrate collaborative PC teams. As more RNs take on roles in PC, it is unclear whether undergraduate nursing curricula adequately prepare RNs for practice in these unique settings.

Purpose: To describe the attributes and extent of PC education within undergraduate nursing programs internationally.

Methods: Joanna Briggs Institute (JBI) scoping review methodology, using a three-stage search strategy to identify published and unpublished literature. The review will include articles related to the integration of PC education into entry-to-RN-practice programs. Citations were retrieved from electronic databases (e.g., CINAHL Plus, MEDLINE) and online searches for unpublished literature (e.g., Google Scholar, national nursing organization websites). Data extraction/analysis is guided by the Framework of Effective Teaching-Learning in Clinical Education.

Results: Screening is in-progress; detailed results are expected by Winter 2024. Searches returned 3197 published and 459 unpublished citations. Relevant data about attributes of PC teaching-learning within programs (e.g., modality, setting, length/sequencing, faculty/mentor expertise) will be extracted from included articles using a team approach and compiled into narrative/tabular summaries.

Implications: Results will inform data collection and analysis in subsequent quantitative and qualitative studies by the research team. Findings may inform PC teaching-learning within undergraduate nursing programs and help identify relevant barriers and facilitators.

**O43**

## **Orienting BScN Students to Community Health Nursing: Findings from a Review of the Literature**

Kate Hurst, Karen Campbell, Roya Haghiri-Vijeh

York University, Toronto, Canada

### **Abstract**

**Purpose:** Many undergraduate nursing programs struggle to identify clinical placements that capture the essence and “heart” of community health nursing (CHN). Failure to create meaningful practical settings can lead to frustrated students who are not engaged or interested in this work. Yet, with the continued shift from acute to community-based care, students require appropriate preparation to be successful in understanding the different care philosophies and approaches within the community. The purpose of this project was to identify pedagogical changes to a CHN undergraduate program that supports students’ praxis.

A literature review was conducted using the guiding question: What are the necessary components of an impactful, valuable CHN course curriculum and clinical placement?

**Findings:** Many nursing students have misconceptions and struggle to understand the CHN role. Misconceptions may stem from: 1) preconceived understanding of nurse roles; 2) non-nurse led clinical placements; 3) lack of focus of CHN in curricula; 4) low interest and/or knowledge of CHN from faculty. These factors can lead to low intention to work as community nurses.

**Implications:** Introducing CHN roles to students in high school and early in undergraduate programs can build capacity (Standard 5), enhance understanding of and interest in this area of nursing. We share a newly developed evidence-based (Standard 7) orientation to CHN based on literature findings and students’ feedback. Clinical instructors, preceptors, and faculty need to work together to create positive experiences for students.

**Learners will be able to:** discuss students' misconceptions towards CHN and adapt orientation components to meet their needs.

**O44**

**Trends in the evaluation of community-based nurse- and student-led clinics:  
Where are the gaps?**

Edward W. Li, Riana Alli, Rebecca Pereira, Heidi Siu

Humber College, Toronto, Canada

**Abstract**

Reorienting health services is a critical part of Health Promotion that calls on health practitioners, educators, and researchers to foster intersectoral action aimed at the broader, multiple dimensions of health. Nurse-led clinics (NLCs) and student-led clinics (SLCs) have the potential to increase access to integrated health and social services within communities. However, it remains unclear what models of NLCs and SLCs exist, how their impact has been evaluated, and what may be missing from current evaluation frameworks. Accordingly, we conducted a scoping review of how community-based NLCs and SLCs have been evaluated, including qualitative and quantitative sources worldwide, published between 2013 and 2023. Analysis of evaluation approaches and measures was guided by the Quadruple Aim Framework (QAF), which helped with synthesizing coded data into four domains: client experience, health of populations, care quality, and provider experience. While a variety of NLC and SLC models exist, nursing SLCs were by far the rarest. Client experiences and health of populations were most consistently included in the evaluation of NLCs, whereas care quality and the provider experience were less often. In contrast, the provider experience was most frequently evaluated among SLCs. To unlock nursing's full potential in leading comprehensive health promotion, nurses may strive to design community-based clinics and quality improvement frameworks that incorporate all evaluative domains. Session participants will: discover current trends in NLC/SLC models; examine how such clinics are being evaluated and what might be missing; explore evidence-informed considerations for the design, evaluation, and ongoing refinement of community-based NLCs/SLCs.

**O45**

**Assigning Community Clinical Placements for Undergraduate Nursing Students -  
A Critical Reflection from a University Placement Officer**

Nora Jantschukeite

Toronto Metropolitan University, Toronto, Canada

**Abstract**

Undergraduate nursing programs face multiple challenges and stressors in assigning students to community-based clinical placements that are both appropriate and accessible for their learning needs. With the fast-paced development of nursing programs in Canada, as well as rapid societal changes, the need to ensure proper placements has multiple considerations for placement officers. Undergraduate nursing programs need to provide appropriate community nursing opportunities in both traditional and non-traditional settings that focus on population health, health promotion, prevention, advocacy and the social determinants of health. Proper placements will develop the knowledge, skill and judgement in nursing students about community health nursing, and they also have the potential to provide a transformative experience for the student. In this session, the use of a critically reflective lens will be used to share the triumphs, stressors, and pitfalls of finding suitable undergraduate community nursing placements in year 3 of Canada's largest school of nursing. This presentation will also include an explanation about strategies used to partner with appropriate community agencies that meet both the perceived and actual needs of students. Finally, the importance of self-care for placement officers in facing the stress of finding these placements while supporting students and the partnering agencies, is also discussed with strategies for self-care.

**O46**

## **The impact of mindful food workshops on mental well-being: The experience of Chinese Canadians**

Tsorng-Yeh Lee

York University, Toronto, Canada

### **Abstract**

**Project purpose:** To promote healthier and more fulfilling eating habits and evaluate the impact of the mindful food workshop on the mental well-being of the participants.

The Mindful Food Workshop (MFW) is a novel training program that combines the mindfulness relaxation technique with diverse food-related experiences. This innovative concept is relatively new to many local Chinese Canadians. By participating in this workshop, individuals can learn about its content and the positive effects it has on their mental well-being and eating habits.

The study was conducted using a quasi-experimental design. Participants were invited to attend a two-hour weekly workshop for six weeks. A social worker and a registered dietitian facilitated the workshop. Three questionnaires were used: Demographic data, the Warwick-Edinburgh mental well-being scale, and the mindful eating questionnaire.

**Results:** Forty female participants, with an average age of 56.56, joined the workshop. The study revealed a positive correlation between the number of weeks the participants attended the workshop and their mental well-being/mindful eating behaviours. The workshop had a positive impact on the participants' mental well-being and improved their mindful eating behaviours.

In conclusion, the MFW had a significant impact on the mental well-being and eating behaviors of the participants. Moreover, the longer the participants attended the workshop, the more positive the outcomes were.

**Nursing Implications:** Nurses can conduct the MFW in various communities to promote a deeper connection with the body through food-related experiences. This can raise individual awareness of how their relationship with food can affect their mental well-being.



**O47**

## **Utilizing a community centered approach to youth mental health**

Sabrina Merali<sup>1</sup>, Michelle Jubin<sup>2</sup>, Sophia Wenzel<sup>3</sup>

<sup>1</sup>RNAO, Toronto, Canada. <sup>2</sup>Toronto Public Health, Toronto, Canada. <sup>3</sup>Thunder Bay District Health Unit, Thunder Bay, Canada

### **Abstract**

Over one-third of youth feel that their mental health has been negatively impacted due to the COVID-19 global pandemic (CAMH, 2022), highlighting a need for an intersectoral approach across schools, health and community to collaboratively support student wellness. Public health is uniquely situated to support this collaborative approach, involving youth at the center. For over a decade, the Registered Nurses' Association of Ontario's *Youth Mental Health and Addiction Champion* (YMHAC) program has supported public health in implementing successful peer-led initiatives utilizing community-based approaches.

To support implementation of YMHAC program, the newly updated YMHAC toolkit provides the "how-to" guidance to health units, District School Boards and provincial youth-based organizations across Ontario. Through this initiative, collaboration between sector partners support youth leaders to work together to foster mentally healthy, resilient, safe and inclusive school communities. Youth engagement principles are used to train youth as mental health Champions. These Champions then utilize implementation strategies to increase awareness about positive mental health and stigma reduction to foster supportive school environments.

This presentation will reinforce the leadership role of nurses in supporting youth mental health promotion in school communities across Ontario. Nurses are ideally situated to engage in mental health promotion combining their nursing knowledge, expertise in youth engagement principles, and existing inter-sectoral partnerships with school boards and local communities. The presentation will articulate best-practices in knowledge translation and implementation science to explore the benefits of engaging in an evidence based, peer led model to support locally driven youth mental health promotion initiatives across Canada.

**O48**

## **Decolonizing Global Mental Health: Capturing Lay Counsellor Experiences to Inform Scaling-up of a Perinatal Depression Program in Rural Rajasthan, India**

Soumya Singh<sup>1</sup>, Shahzaad Hussain<sup>2</sup>, Arsalan Chouhan<sup>3</sup>, Alexander Cuncannon<sup>4</sup>, Shahirose Premji<sup>5</sup>, Aneel Brar<sup>3,6</sup>, Abhijit Nadkarni<sup>7,8</sup>, Ravindra Agrawal<sup>8</sup>, Aliyah Dosani<sup>9,4</sup>

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### **Abstract**

Women in India experience some of the highest rates of perinatal depression in the world. Adverse maternal and child outcomes (e.g., suicidality, low birthweight, and preterm birth) also occur at higher rates in the Global South amid persisting gaps in access to mental health care. These inequities extend to research, as most perinatal mental health research is conducted and applied in the Global North. Lay counsellors, as non-specialist mental health care providers, improve women's access to perinatal mental health care through task-sharing models. In partnership with Mata Jai Kaur Maternal and Child Health Centre in rural Rajasthan, India, we sought to decolonize the evidence base that predominates global mental health. Guided by critical social theory, we explored lay counsellors' lived experiences during scale-up of a task-sharing perinatal depression program, Khushee Mamta ("Happy Motherhood"), through phenomenological interviews, field observations of counselling sessions, and focus groups. In this session, we will share and centre lay counsellors' experiences of relationship-building, professionalization, and personal transformation. We will explore how these findings can be appraised and applied, in concert with cultural humility, by nurses to advance capacity building and health equity in local and global communities and populations. We will consider how these findings can inform scale-up within perinatal mental health implementation science. Perinatal mental health is a global public good and a vital pillar in attaining Health for All. This work will generate and promote shared understandings that can be translated worldwide to support women, children, and families and to decolonize global mental health.

**O49**

**Equitable Maternal-Newborn Nursing Care for New Migrant Women in Canada: A Co-produced Research Partnership with Social, Legal, and Community Healthcare Services**

Shokoufeh Modanloo<sup>1</sup>, Wendy Gifford<sup>2</sup>, Liguaa Wazni<sup>3</sup>, Claire McMenemy<sup>4</sup>, Selma Tobah<sup>1</sup>, Denise Harrison<sup>5</sup>, Craig J Phillips<sup>2</sup>, Abram Oudshoorn<sup>1</sup>, Susana Caxaj<sup>1</sup>, Shelby Armstrong<sup>1</sup>

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**Abstract**

Displacement and resettlement exacerbate existing health inequities, resulting in unmet community healthcare needs for newcomer migrant women from war-torn countries. Pregnant women from migrant backgrounds have maternal-newborn care needs that are internationally recognized as community health nursing priorities. A three-year research partnership project was initiated in Ontario, Canada, to co-produce knowledge and develop a collective policy action plan with newcomer-serving organizations in Ontario, Canada. Employing a community-based participatory research design guided by Critical Discourse Analysis and Intersectionality framework, we aim to identify the structural barriers that create discrimination against new migrant women in need of maternal-newborn care, explore how partner organizations can work together to deliver equitable maternal-newborn care, build knowledge of equitable services from the lived experiences of new migrant women and families, and co-develop an action plan that integrates multi-sectoral partnership strategies to address identified systematic challenges. This project's collaborative nature empowers community members through their active involvement with knowledge users in an Advisory Group, ensuring the study's culturally safe and ethical conduct to understand newcomer women's needs. The products created include community-led knowledge and policy recommendations to help incorporate the needs of marginalized individuals with lived experience into the service delivery that can be scaled up, where appropriate, in Canada and facilitate the partnership between different health and social services. The knowledge created has implications for larger research partnerships on equity in access and the use of high-quality interconnected community health nursing that can better respond to the needs of migrant women in Canada.

**O50**

## **Mental Health Promotion Among Volunteers Working in a High-Stress Environment With Newly Immigrated Citizens.**

Yvonne Seles, Marcus Tamir, Danielle L'Abadie, Sophia Demedeiros

Humber College, Etobicoke, Canada

### **Abstract**

Mental health awareness among immigrant communities needs to be better-defined for those living in high-income cities (Matsumoto & Juang, 2017). In order to gain a narrow perspective, research was aimed at the immigrant population in a high-income city in Ontario, as many residents identify as newly immigrated, with many residents identifying as newly immigrated from China, Iran, or another prominent country. The literature available shows that residents from China and Iran often do not fully understand the concepts of mental health and mental illness based on systemic biases and cultural dominance (Hao et al., 2023; Taghva et al., 2017). A health promotion workshop was delivered to educate volunteers on various mental health topics to expand awareness and promote engagement. The purpose of centralizing on the illnesses anxiety, depression, seasonal affective disorder, S.A.D., and post-traumatic stress disorder, P.T.S.D., was to compare current literature with current patterns of mental illness and wellness in our target population. The learning objectives were to bring awareness to mental health, adequately educate on the foundation of mental wellness, and peruse self-care techniques through collaborative efforts and open discussion (Balban et al., 2023). The results collected aligned with our initial notion that education on both mental illness and mental wellness is paramount among immigrant populations. Based on the hybrid research results collected, most participants demonstrated the willingness to continue utilizing the information taught and continue this same health-based educational narrative within and among immigrant communities.

**O51**

## **The Discursive Construction of Harm Reduction in Health Policy**

Sibel Kusdemir, Abe Oudshoorn, Cheryl Forchuk

Western University, London, Canada

### **Abstract**

Harm reduction is recognized by nurses but remains contentious in political and public spheres. Grasping historic and current discourses enables nurses to address concerns and align community services with public health needs. The study examined the use of "harm reduction" in Canadian health care and nursing policy through a Foucauldian lens and Bacchi's analytical approach. The research identified three discursive themes: the self-responsible citizen, evidence-based practice, and nurses' duties. It suggests that policies and strategies should be developed with a humanistic approach towards people who use substances (PWUSs). The study highlights how language reflects power dynamics affecting PWUSs and advocates for more humanistic and empowering nursing practices and healthcare policies. It calls for public health policy refinement to prioritize health, including 'safe supply' and decriminalization to tackle substance use issues. Nurses are pivotal in harm reduction, employing evidence-based practices that overcome personal biases. This commitment to professional responsibility and core nursing principles ensures compassionate care for those with substance use disorders, fostering an optimal policy environment for harm reduction. This study contributes to the broader goal of achieving equity in health. A key learning outcome of this study is the realization that understanding and addressing the various discourses related to harm reduction is crucial for the advancement of nursing practice and the development of effective healthcare policies.

**O52**

## **Moss Park Consumption and Treatment Service: Health Equity and Relational Practice Through Dual Pandemics**

Erin Telegdi<sup>1</sup>, Keren Elumir<sup>1</sup>, Jessica Lyons<sup>2</sup>

<sup>1</sup>Moss Park Consumption and Treatment Service, Toronto, Canada. <sup>2</sup>Moss Park Consumption and Treatment Services, Toronto, Canada

### **Abstract**

In the winter of 2020, amidst a worsening overdose crisis, the COVID pandemic created significant new ruptures in the lives of People Who Use Drugs (PWUD), especially those also experiencing houselessness. In addition to navigating an increasingly toxic illicit drug supply, PWUD experienced escalating displacement, systemic isolation, and fragmentation of care. At the Moss Park Consumption and Treatment Service (CTS), the nursing team was forced to find novel and responsive ways to provide ongoing care to their community of service users. This presentation will focus on the themes of Professional Relationships and Health Equity, and will describe the innovations employed by the Moss Park CTS nursing team, including the implementation of a virtual Nurse Practitioner clinic, and providing nursing outreach to encampments and shelter hotels. Guided by the team's co-developed Nursing Philosophy of Care in CTS, the team worked to nurture and grow a relational practice that prioritized consistency and continuity of care and community. Through this process, our key learning outcomes, and ones we want to share with conference participants, are that care needs to follow people, and in finding ways to maintain continuity of care, we are able to center Health Equity and the rights of PWUD to access care in ways that honor their dignity, autonomy, and meet them where they're at.

**O53**

## **Building Health Promotive Environments for Long-Haul Truck Drivers on the Canadian Prairies**

Catherine Baxter<sup>1</sup>, Neil Cooke<sup>2</sup>, Carla D'Andreamatteo<sup>3</sup>, Joel Krentz<sup>1</sup>

<sup>1</sup>Brandon University, Brandon, Canada. <sup>2</sup>Manitoba Institute of Trades and Technology, Winnipeg, Canada. <sup>3</sup>Red River College, Winnipeg, Canada

### **Abstract**

*The Issue.* Long-haul truck drivers have been identified as a high-risk population for obesity, cardiovascular disease, diabetes, sleep apnea, musculoskeletal injuries and stress. Health promotion programs have largely focused on changing individual behaviours, with less emphasis placed on the broader contextual factors within the environment that contribute to health and health practices. However, there is growing evidence that effective health promotion strategies must consider both individual and environmental factors. *The Purpose.* Through a social-ecological lens this mixed methods study explored how the mobile work environment supports or hinders health and health behaviours amongst long-haul truck drivers in Manitoba. *Methods.* Data were collected through semi-structured interviews with 13 participants, diet and activity logs, and a mobile work environment assessment of the TransCanada and Yellowhead Highways between Manitoba and Alberta. Framework Analysis was used to conduct the thematic analysis. *Findings.* Individual, occupational and policy level influences on the health and health practices of truck drivers were identified. *Actions.* This presentation will highlight how Community Health Nurses can incorporate a multi-level social-ecological approach into health promotion planning and programming.

### Learning Outcomes

1. Describe the individual, occupational and policy level influences on health and health behaviours of long-haul truck drivers.
2. Analyze the complex interdependencies between individual health practices and aspects within the mobile work environment.
3. Incorporate a multi-level social-ecological approach to health promotion planning and programming.

**O54**

**Nurses leading the way: A qualitative study of nursing leadership, innovation, and opportunity in primary care during the COVID-19 pandemic**

Julia Lukewich<sup>1</sup>, Dana Ryan<sup>1</sup>, Maria Mathews<sup>2</sup>, Lindsay Hedden<sup>3</sup>, Emily Gard<sup>4</sup>, Crystal Vaughan<sup>5</sup>, Samina Idrees<sup>2</sup>, Donna Bulman<sup>6</sup>, Lauren Moritz<sup>4</sup>, Cheryl Cusack<sup>7</sup>, Ruth Martin-Misener<sup>4</sup>, Jill Bruneau<sup>5</sup>, Jamie Wickett<sup>2</sup>, Shannon Asghari<sup>5</sup>, Leslie Meridith<sup>2</sup>, Sarah Spencer<sup>3</sup>

<sup>1</sup>Memorial University, Newfoundland, Canada. <sup>2</sup>Western, London, Canada. <sup>3</sup>SFU, Vancouver, Canada. <sup>4</sup>Dalhousie, Halifax, Canada. <sup>5</sup>Memorial, Newfoundland, Canada. <sup>6</sup>UNB, New Brunswick, Canada. <sup>7</sup>Winnipeg, Winnipeg, Canada

**Abstract**

**Background:** Primary care plays a key role in healthcare system functioning and is delivered by an interprofessional team that includes nurse practitioners (NPs), registered nurses (RNs), and licensed/registered practical nurses (LPNs/RPNs). Leadership is an entry-level competency domain and contributes to improved outcomes and access to care. During the COVID-19 pandemic, the incorporation of nursing leadership into pandemic plans was not prioritized. Therefore, we explored the role of nursing leadership during the pandemic, factors that impacted nurses' abilities to enact leadership activities, and perceptions of the need for nursing leadership in primary care.

**Methods:** As part of a larger project, we conducted semi-structured qualitative interviews across four Canadian provinces. Maximum variation sampling was used. Nurses were asked to describe roles during the pandemic, facilitators/barriers they experienced, and potential roles that nurses could have filled. Interviews were transcribed verbatim, and a thematic analysis approach was employed.

**Results:** A total of 76 nurses completed interviews. Three overarching themes emerged: 1) leveraging existing leadership roles/skills; 2) leading through problem-solving and innovation; 3) leadership needs and opportunities.

**Conclusions:** The pandemic presented nurses with new opportunities to engage in formal leadership positions and/or utilize their leadership skills. The healthcare system did not fully leverage nursing leadership, which negatively impacts patient care, resource allocation, and workforce management. These findings highlight the importance of involving the nursing workforce in health care crises leveraging nurses' leadership skills to address health system challenges and allow for a more robust and coordinated pandemic responses.



**O55**

## **Home Takeover: A Collaborative Approach to Address an Emerging Issue in Community Housing**

Lisa Alguire

Grey Bruce Public Health, Owen Sound, Canada

### **Abstract**

The purpose of the project was to use a collaborative approach to address an emerging community health issue of *home takeover*. The project was conducted when County housing staff observed the health and social impacts of home takeovers on tenants living with low-income, families, individual(s) taking over the unit(s), and the neighborhood.

The solution was to build community capacity to prevent, identify, respond to, and support recovery from home takeovers through enhanced intersectoral collaboration. A literature review was conducted. Data was collected through community partner surveys and key informant interviews with people who had experienced a home takeover; and measured using a population health approach. Engaging with Indigenous organizations further provided an understanding of the impacts of colonization in relation to housing and homelessness. Results informed the development of a *Home Takeover Response Framework*; and helped to identify the complexity of the issues and intersecting factors that impact health equity related to home takeover. Building community capacity requires commitment and response from several organizations. Implications of the work includes collaboration with stakeholders and people who live in vulnerable conditions created by health inequities.

The theme most relevant to the abstract is Standard 5: Capacity Building.

#### Participants will increase knowledge of:

An evidence-informed approach to the development, implementation, and evaluation of a project through intersectoral collaboration.

Interrelated factors and cultural diversities that contribute to home takeover.

Strategies to build community capacity to address home takeover using a locally developed response framework.

**O56**

## **Pivoting in a Pandemic to Provide Quality Palliative Care to Home and Community Clients and their Families**

hillary asemota, ade oyemade, Deborah Francis

SE Health, Markham, Canada

### **Abstract**

Infection control procedures, lockdowns, stringent policies to contain and minimize spread such as mandatory isolation and visitor restrictions impacted the quality of end-of-life care in tertiary and congregate care settings during the pandemic. As a result, the community and particularly, home care saw an increase of clients requiring complex palliative and end of life care. This workshop will highlight the creative ways in which one region of SE Health pivoted to ensure that clients and their families continued to receive quality palliative and end of life care focused on client and family centered care. These strategies will be examined using the conceptual framework of the Donabedian model, around structure, process and outcomes. The structural elements of human resources and staff orientation and training will be emphasized. The home care sector was not immune from human resource challenges, and in many ways was more susceptible to this given the nature of the business. The shift in process of how clients and families were engaged, and the crucial role interdisciplinary collaboration will be explored. The outcomes of client and family satisfaction, and key operational metrics of acceptance rates and missed visits will be highlighted.

**O57**

## **Advancing PHN practice through collaborative nursing leadership**

Cheryl Cusack

Winnipeg, Winnipeg, Canada

### **Abstract**

#### Project Purpose

Competency-based standards specific to the public health nurse (PHN) role in the prenatal, postpartum and early childhood periods did not exist. Concurrently, national experts identified role clarity and the development of a common vision based on the full scope of practice as a priority. To address this issue, Manitoba developed provincial PHN standards.

#### Objective

The short-term objective was to articulate consistent and measurable activities for PHN roles in prenatal, postpartum and early childhood practice. The Manitoba standards aimed to depict the full scope of the PHN role in promoting healthy early childhood development and health equity within a population-based practice. The long-term goal was development of tools and resources to support implementation and attainment of the standards by all PHNs in the province.

#### Evaluation and Impact

Survey data were gathered using a modified Delphi technique, and evaluation took place during implementation webinars using the ADKAR model. The process involved the collaboration of PHNs, nursing leaders, regional health authorities and MHSAL. Additional full-time positions that were created specifically for this project were essential in providing leadership and maintaining momentum. The level of engagement of PHNs and regional leadership was critical to project success and organizational change management and contributed to the smooth implementation of the tools into practice. The process built upon national standards and competencies, and used evidence based strategies for PHN practice that may be of broad interest beyond Manitoba.

**O58**

## **Workplace experiences of the public health workforce in Canada: Trends in mental health and intention to leave**

Emily Belita<sup>1</sup>, Sarah Neil-Sztramko<sup>2</sup>, Vanessa De Rubeis<sup>3</sup>, Carolyn Seale<sup>1</sup>, Sheila Boamah<sup>1</sup>, Jason Cabaj<sup>4</sup>, Susan Jack<sup>1</sup>, Cory Neudorf<sup>5</sup>, Clemence Ongolo Zogo<sup>6</sup>, Gaynor Watson-Creed<sup>7</sup>, Maureen Dobbins<sup>1</sup>

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### **Abstract**

#### Background

The demands of COVID-19 intensified mental health issues of public health workers already strained by reduced capacity for core services. This study investigates the pandemic's effects on mental well-being of Canadian public health workers and their intentions to leave the workforce.

#### Methods

In this cross-sectional study, data was collected from November 2022 to January 2023 via a Canada-wide survey on public health workers' socio-demographic characteristics, workplace stressors, and mental health outcomes using established scales for burnout, anxiety, and depression. The study also reported data on intention to leave public health. Logistic regression calculated adjusted odds ratios (aOR) and 95% confidence intervals (CI), assessing associations among sociodemographic/workplace factors, mental health outcomes, and intention to leave public health.

#### Results

Nurses accounted for 41% (n=275) of 671 participants dispersed across Canada. Burnout, depression, and anxiety rates were 64%, 26%, and 22%, respectively. Notably, 34% (n=202) expressed intention to leave their public health roles within a year. Having 16 to 20 years of experience had higher odds of burnout (aOR=2.16; 95% CI=1.12-4.18) than having 5 or less years. Workplace harassment was associated with increased odds of depression (aOR=1.85; 95% CI=1.28-2.68), burnout (aOR=1.61; 95% CI=1.16-2.23), and intention to leave (aOR=1.72; 95% CI=1.19-2.47).

#### Conclusion

## CHNC2024: Community Health Nursing – Health for All

### **Abstract Book**

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During COVID-19, public health workers faced deteriorating mental health and expressed a desire to leave their roles, potentially worsening existing workforce retention issues. Results suggest a need for policy and practice changes establishing supportive environments for workers during public health crises, reducing risks to mental health and mitigating workforce attrition.

**O59**

## **Health Promotion: Developing a Positive Parenting Philosophy Using Evidence-Informed Decision Making and Community Engagement Principles**

Briana Barker, Dorothea Service

Haliburton Kawartha Pine Ridge District Health Unit, Lindsay, Canada

### **Abstract**

Positive Parenting promotes healthy attachment with the parent and the child to enable positive healthy child and youth development. While positive parenting is recognized as a health promotion best practice with documented positive health outcomes, there is a lack of a consistent understanding of positive parenting and how it is integrated into community-based parenting programs. This project used the Evidence Informed Decision Making (EIDM), in Public Health model and community engagement principles to develop a community-based Positive Parenting Philosophy across three rural counties. Methods included completing a literature review, facilitating community partner conversations to understand local context and political influences of positive parenting programs, gathering of feedback to draft a philosophy, validating content and focus testing a draft with clients accessing parenting programs, and engaging community partners to endorse and list their parenting programs as part of the philosophy. Outcome and key learnings: Community Health Nurses can use EIDM and community engagement principles to support the development of healthy public policy to promote healthy positive parenting. As a result, the Positive Parenting Philosophy was developed. There is now a shared common evidence-informed understanding of values and approaches used in parenting programs across three rural counties. The Positive Parenting Philosophy can also be used as a tool to inform parents about positive parenting and communicate available programs for parents to access. Community Health Nurses play a vital role in supporting health communication strategies that promote health. This project highlights the important role Community Health Nurses play to develop and mobilize healthy public policy to promote health.

**O60**

## **Promoting Critical Allyship using the 3P's model for Health Education and Community Partnership**

Nadia Prendergast, Priscilla Boakye, Victoria Ranieri, Lathania Lewis

Toronto Metropolitan University, Toronto, Canada

### **Abstract**

Project Purpose: Lack of trust in the Black community is founded on historical and ongoing unfair treatment by Canada's healthcare system. This was further exacerbated by vaccine hesitancy during the COVID pandemic, demonstrating distrust in community health educators and educational approaches used. We identified the rise in performative ally-ship rather than critical ally-ship which extended within health and community settings to the nursing classroom. Findings, conclusions, and solutions: The literature review, reports, and testimonials including those of frontline workers demonstrate the need to restore trusting relationships. We propose a model to support community educators and academic teachers to be accountable for becoming critical allies. Modernizing current policies has started within many organizations, such as the College of Nurses of Ontario, which are consciously inclusive of addressing and dismantling anti-Black racism. Following COVID-19 reports, it is crucial for Community health nursing to follow suit. Implications: Implementing the 3 Ps model created by the trustful relationship between students and educators focuses on an actionable approach to engage students, educators, and the community in a deeper understanding of how to be a critical ally in building community capacity and inclusivity. Key Learning Outcomes: 1. Understand each component of the 3Ps (people, Place and Program). Describe how each component can promote EDI of the Black community while fostering a sense of belonging and trust, 3). Identify the relevance of the educator being a critical ally when creating trusting relationships within the Black community. We share our plans to test the feasibility of the model.

**O61**

## **Optimizing HIV and Health Services for Canadians of African-Descent (CAD) Women**

Josephine Etowa, [Precious Agboinghale](#)

University of Ottawa, Ottawa, Canada

### **Abstract**

Canadians of African Descent (CAD), particularly Black women, bear a disproportionate burden of new HIV infections, mainly through heterosexual contact, often resulting in late-stage diagnoses due to inadequate awareness and delayed identification. Scarce research addresses their unique challenges, necessitating targeted interventions to tackle structural factors contributing to vulnerability and limited healthcare access. This study, conducted in the Ottawa region of Ontario, Canada, utilizes a mixed-method approach involving quantitative data from an online survey (350 service providers) and qualitative data from in-depth interviews (30 CAD women and 30 community leaders).

The multivariate analysis exposes that 50% of service providers express readiness concerns for delivering HIV/AIDS care, with 53.3% encountering client HIV status disclosure. Qualitative interviews reveal key themes, including the promotion of HIV knowledge among CAD women, normalizing HIV through shared experiences among younger PLWHIV, and the imperative for palliative care and housing solutions as PLWHIV ages. These findings underscore the urgent need for targeted interventions and support in the HIV/AIDS field.

This study sheds light on a significant issue in the HIV service sector, with 50% of providers unprepared and 53.3% of clients disclosing their HIV status against their preferences. Urgent policy interventions are required to enhance provider readiness and safeguard client confidentiality. Qualitative themes emphasize the necessity of advocating for HIV knowledge, normalizing HIV through shared experiences, and expanding palliative care for aging PLWHIV. These insights call for a more comprehensive approach to HIV/AIDS care and awareness policy.



**O62**

## **Community Other Mothers: Agents of Transformative Justice within Canadian Nursing**

Nadia Prendergast, Priscilla Boakye, Juilett Saunders

Toronto Metropolitan University, Toronto, Canada

### **Abstract**

The reported distrust of Black communities toward Canada’s healthcare system and community nursing is Justified. Reports during COVID-19 showing anti-Black racism as a leading contributor to health inequities, and the lack of race-based data, public health continues to pathologize the Black community by generalizing them as a “vulnerable” population and issuing EDI policies that perpetuate and sustain structural racism within the community nurse practice. For this reason, Black nurses have had to resurrect a new set of community leaders known as community mothers to address the social injustices through transformative justice. This is a qualitative exploratory study of a sample of 12 nurses within the GTA who identified the sustainable role of the community’s “other” mothers as senior nurses. Guided by Black Feminist Thought and Intersectionality, the Three themes identified were 1). supportive, 2). Protective, and 3). Skeptical. Each demonstrated the multidimensional approaches of nurture and care used to interrogate and disrupt Eurocentrism within the socialization of nursing practice. To dismantle racism, the study calls on nursing education and Community Health Nurse practice to revisit their own embedded and institutionalized racism and to partner with these community “other” mothers to restore trust and promote Black community capacity building as a means of addressing health inequities. In line with the strategies of the Ottawa Charter to enable, advocate, and mediate, the community “other” mother becomes a conduit to fostering trust and supporting the strategic plans of community health care.

**O63**

## **Recharge: An abstract art program for caregivers of people living with dementia**

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

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

### **Abstract**

Caring for individuals with Alzheimer's disease and other forms of dementia poses significant challenges to caregivers, impacting their well-being and overall quality of life. This study evaluates the effectiveness of a visual abstract art intervention, the Recharge Program, aimed at enhancing the well-being of dementia caregivers. The program uses abstract art processes, prioritizing the transformative creative process over the final products. Using qualitative data collection and analysis methods, the results of the initial Recharge Program offerings will be shared. Preliminary expectations suggest that caregivers participating in the program will experience lower stress and burnout risks, increased social connections, improved caregiving skills, and regained creative confidence. The study emphasizes the significance of maintaining caregivers' quality of life, essential for effective care provision.

This research underscores the potential of abstract art as an intervention strategy, providing caregivers with opportunities for creative expression, social connection, and skill development. The findings aim to inform community health nursing practices, emphasizing the importance of holistic interventions to support caregivers. The Recharge Program's emphasis on process-oriented creative play aligns with the need for interventions that address the emotional and physical strain experienced by dementia caregivers.

This abstract art program for dementia caregivers presents a promising avenue for mitigating caregiver burden, thereby promoting overall well-being. The implications of this work extend to various nursing settings, advocating for the incorporation of creative modalities in caregiving support programs to enhance the quality of life for both caregivers and those under their care. This is a Masters-level capstone project.

**O64**

## **Caring for caregivers through arts-based interventions that increase self-care knowledge and practices**

Quentin Clowater<sup>1</sup>, Monica Ochieng<sup>1</sup>, Kaitlyn Watson<sup>1</sup>, Lexie Fung<sup>1</sup>, Tegan Bey<sup>1</sup>, Sunju Jo<sup>1</sup>, Joy Ly<sup>1</sup>, Miskiyat Sanni<sup>1</sup>, 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**

Caregivers of individuals with dementia may lack knowledge about the importance of incorporating self-care practices into their lives. As a group of undergraduate nursing students, we assessed the importance of self-care strategies through an in-depth literature review, a key informant interview, and a survey. We found that caregivers do not engage in self-care activities as frequently as they would like due to time constraints and other responsibilities. Furthermore, caregivers of individuals with dementia experience mental and emotional difficulties from lack of time for themselves, and are at risk for poor coping skills as a result. We investigated mechanisms that could promote the development of effective personal coping skills to deal with life stressors. Our chosen intervention includes using art processes as a form of self-care for caregivers. Studies have shown that caregivers of individuals with dementia experience reduced stress and anxiety levels through arts-based interventions. Arts-based interventions can build capacity, self-esteem, and self-acceptance among caregivers. Implementing arts-based interventions for caregivers can help promote well-being among caregivers to stay healthy while caring for their loved ones. Additionally, creating opportunities for caregivers to seek education about self-care can ease incorporating self-care practices into their lives. This intervention strives for improved mental health for caregivers of individuals with dementia by improving personal coping skills through art. Participants will explore the underpinnings of a self-care workshop for caregivers and understand the importance of arts-based interventions to quality of life.

**O65**

## **Empowering Newcomer Caregivers Through Health Promotion Strategies**

Desiree Sorrentino, Joseph Jun, Ari Huen, Sahra Isse, Christina Olak, Alexandra Parankin, Jamyang Phuntsok, Theresa Santos, Mario Silva

Humber College, Etobicoke, Canada

### **Abstract**

This community project aimed to enhance health promotion and equity for newcomer caregivers and families. The focus was on addressing the unique needs of pregnant clients, isolated caregivers, immigrant families, and those facing financial difficulties. The team collaborated with our community partners, to develop online presentations on key topics identified through a needs assessment. Topics included 1) Postpartum health-pelvic floor exercises and movement, 2) Playground, sun safety and tick prevention, 3) Behavior (aggression in children), 4) Raising boys and girls, 5) Games, 6) Schedules, routines, and sleep, and 7) Learning through play. Additionally, a mental health resource infographic and website were created to improve accessibility for mental health services, recognizing the stressors faced by new caregivers who are newcomers to Canada. By applying primary health care, social determinants of health, and social justice concepts, we achieved three crucial learning outcomes in our health promotion strategies, specifically addressing health inequities, using information technology to support community partnerships and intersectoral practices and integrating evidence for enhanced client health outcomes. The implications for nursing are widespread, encompassing needs assessment, collaborative teamwork, utilization of technology for online evaluations, fostering cultural competence through open dialogues and community capacity building, and implementing evidence-based practices to promote health and reduce illness risk. These principles hold universal relevance, underscoring the applicability and value of our project's insights across diverse nursing settings and contexts.

**O66**

**Title: Increasing Awareness of Radon Gas: Meeting the Needs of New Parents Through a Nursing Knowledge Translation Project with an Equity Focus**

Kasey Knowles<sup>1</sup>, Jacqueline Avanthay-Strus<sup>2</sup>, Fiona Hanley<sup>3</sup>, Frédéric Jubinville<sup>4</sup>

<sup>1</sup>Canadian Association of Nurses for the Environment, Vancouver, Canada. <sup>2</sup>Canadian Association of Nurses for the Environment, Winnipeg, Canada. <sup>3</sup>Canadian Association of Nurses for the Environment, Montreal, Canada. <sup>4</sup>University of St. Boniface, Winnipeg, Canada

**Abstract**

**Purpose:**

Radon is an invisible and odourless gas naturally released from rocks, soil, and water due to the breakdown of uranium, posing significant health risks. As the leading cause of lung cancer in non-smokers and widespread radon exposure in Canada, our project aims to protect children within equity-seeking populations from potential long-term exposures by increasing the capacity of perinatal healthcare providers to assess and mitigate these risks.

Research has highlighted the need to increase healthcare providers' (HCPs) competency in providing radon-related information. Our project will therefore increase knowledge and comfort levels of perinatal HCPs in supporting the adoption of radon testing and mitigation measures within their target populations.

This entails the development of a Radon Educational Module comprised of three sections: Introduction to radon and health impacts, motivational interviewing and brief intervention techniques and utilization of the Radon Assessment Tool using case studies and example interviews.

Selected communities across Canada with a significant number of equity-seeking families will be offered training for perinatal staff, radon gas test kits, and inclusive accessible educational materials. Collaborating with Indigenous Elders and Knowledge Holders will ensure a Two-Eyed Seeing approach respecting diverse perspectives and knowledge systems.

**Key learning outcomes:**

Participants will learn about health risks associated with Radon, become familiar with the Radon Assessment tool, and gain an understanding of motivational interviewing and brief intervention in mitigating radon risk in their target populations.

**O67**

## **The CNA certification program: A commitment to nursing excellence**

Misty Fortier

Canadian Nurses Association, Ottawa, Canada

### **Abstract**

In Canada, more than 12,600 nurses have CNA certification in one of 22 nursing specialties. Of these, 705 are certified in community health nursing. Focusing on the CNA certification process, we establish that certified nurses who challenge their specialized knowledge and skills on a national level to achieve certification, significantly advance the practice of Community Health nursing in Canada. This initiative supports evidence informed practice and the CHNC theme of Health Maintenance, Restoration and Palliation.

Nursing environments are constantly evolving and require nursing staff to have current knowledge. Participation in the CNA certification process allows community health nurses to validate and evolve their specialty knowledge. CNA specialty certification is a voluntary process for members of the nursing profession who meet rigorous practice, lifelong learning and examination requirements.

After obtaining CNA certification, nurses report having increased professional confidence in their role as clinicians and feeling more credible among their peers on the interdisciplinary team. Certification in a specialty also allows them to enter a national community of nurses committed to nursing excellence and maintaining skills. Additionally, clients and families who receive care from a certified nurse can be confident that the care they receive is safe, effective, and based on the certified nurses up-to-date knowledge of the specialty, extensive experience and in-depth clinical judgment.

Learning outcomes of this session will include: Recognition of the value of CNA certification, understanding that certification advances nursing practice and, expression of the value and impact of certification on community health care delivery.

**O68**

## **Uncovering Silence: Empowering Shared Governance At The Point Of Care**

Ade Oyemade, Julia Cioffi, Gwen Broda

SE Health, Markham, Canada

### **Abstract**

Shared governance is key within nursing, and especially within the home and community setting as care shifts into patients' homes. Thus, there is a greater need for nurses to be engaged in conversations related to clinical change. However, Nursing Practice Committees are not prevalent within the community.

At SE Health, existing governance structures used a top-down approach which resulted in nurses' concerns not being heard, low staff engagement, and an overall disconnect between leadership and frontline nurses related to change implementation. To address this, in 2021, SE Health created and implemented a Community Nursing Practice Committee (CNPC), a bottom-up approach that promotes shared governance, consisting of community nurses and leaders.

By leveraging a co-design model, the CNPC implemented a review, and improved support during nursing orientation. This increased nurse-to-nurse mentorship, improved retention rates, and provided the committee valuable insights on future clinical areas of focus. Ultimately, centralizing views on the direction of nursing practice and leadership was critical to ensure synergies in change management.

Our CPNC has shown to be valuable in progressing the nursing practice forward. It continues to strive to identify and address clinical gaps and set the direction for our nursing practice and education. Additionally, its focus remains the empowerment of nurses in clinical practice and shared governance.

The CNPC model is transferable to any community healthcare agency. Leveraging this model, especially in the rapidly evolving community setting, is strongly encouraged to make frontline nurses' essential stakeholders in strengthening nursing practice.

**O69**

## **What is the impact of integrating pharmacists into a team of community health nurses? An evaluation of a pilot project**

Norm Umali, Dorothy Muiruri, Sandra Tedesco, Tom Wang, Mandy Wong, Susan Chang

VHA Home HealthCare, Toronto, Canada

### **Abstract**

In May 2023, Dr Karima Velji advocated for team-based models of care in home and community care as a Health Human Resource innovation strategy. Since December 2022, VHA Home HealthCare (VHA) launched a pilot program to build an integrated team of community health nurses (nurses) and pharmacists. VHA embedded a pharmacist into a nursing team as a dedicated resource to consult on medication management client issues, including home visits, to increase capacity while improving quality of care and concurrently addressing the glaring inequities experienced by older homebound adults without easy access to geriatric-focused medication review services.

Standard pilot measures and quality of care measures were captured including: # of patients taking Potentially Inappropriate Medications and # of home-based medication reviews that were completed within 7 days of hospital discharge. Nurses were polled to improve the quality of the pharmacist services. To capture the patient voice, a patient survey was developed using Health Quality Ontario quality indicators.

Patient Reported Experience Measures indicate high quality care. The results of nursing surveys indicate engagement in the co-design process to shape the pharmacist support role. Organizational medication reconciliation completion rates increased during the pilot program. Other opportunities for further research include exploring ways to create a sustainable funding model including return on investment.

Nursing service providers could learn how to establish a similar service. Nurses and trainees will learn about how to use the role of the pharmacist to make their jobs easier and faster while still delivering high quality care.



**O70**

## **Dismantling Barriers: Promoting Health Equity by Addressing Racism and Anti-Black Racism as Social Determinants of Health in Community Health Nursing**

Janet Montague

Centennial College, Toronto, Canada. Western University, London, Canada

### **Abstract**

Health inequities rooted in structural and institutional racism persist as significant barriers to achieving health equity and have a profound impact on health outcomes. Racism has historical roots in our healthcare systems that continue today as a significant driving force of health disparities (Public Health Agency of Canada, 2020). It is critical to recognize how racism, a primary determinant of health, not race, affects health, encompassing access to healthcare, socioeconomic status, and overall well-being (Bogard et al., 2017; Cogburn, 2019). This presentation focuses on the role of racism as a social determinant of health, with a specific focus on anti-Black racism, and to provide actionable steps for community health nursing to address and mitigate its impact. Strategies for identifying and addressing racism and anti-Black racism in community healthcare settings and beyond, such as integrating anti-racist approaches, culturally responsive care, community engagement and partnerships, and advocacy for policy changes that consider the unique needs of Black and other racialized communities, will be shared. The implications for community health nursing are that by acknowledging and addressing racism and anti-Black racism as social determinants of health, community health nurses can contribute significantly to reducing health disparities.

Learning outcomes: Attendees will gain a more critical understanding of the role of racism, specifically anti-Black racism, as a social determinant of health. This includes recognizing its impact on health inequities, access to healthcare, and overall well-being and gaining actionable steps to become advocates for health equity within community health nursing practice.

Theme: Standard 1: Health Promotion

071

## The development and implementation of an innovative community-based intervention to strengthen community capacity for HIV prevention and care among African Caribbean and Black (ACB) women in Ontario: Implementation study protocol

Josephine, Etowa,<sup>1,2</sup> Akalewold Gebremeskel<sup>3,2</sup>, Danielle Brown-Shreves<sup>4,5</sup>, Notisha Massaquoi<sup>6</sup>, Francisca Omorodion<sup>7</sup>, Clinton Beckford<sup>8</sup>, Charles Dabone<sup>9</sup>, Egbe Etowa<sup>10</sup>, Bishwajit Ghose<sup>11</sup>, Hugues Loemba<sup>12</sup>, Jennifer Rayner<sup>13</sup>, Wangari Tharao<sup>14</sup>, Sanni Yaya<sup>15</sup>, Muna Aden<sup>16</sup>, Ruby Edet<sup>9</sup>, Haoua Inoua<sup>17</sup>, Angela Kaida<sup>18</sup>, Joseph Kiirya<sup>19</sup>, Joy Nortel<sup>20</sup>, Apondi Odhiambo<sup>21</sup>, Azeeza Sule<sup>22</sup>

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### Abstract

**Background:** In Ontario, ACB women are overrepresented among new HIV diagnoses, in part due to social and structural factors, such as HIV-related stigma, gender discrimination, and racial discrimination. This study seeks to create, implement, and evaluate an ACB community-based peer-led intervention to

**Abstract Book**

*Abstract are sorted by presentation type. For the latest version of the program, please consult the online interactive program at <https://bit.ly/CHNC2024program>*

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improve access to HIV prevention and care for ACB women in Canada. This protocol outlines the development, implementation, and evaluation of the intervention.

**Method:** This is a multi-site (Ottawa Toronto and Windsor) five-year phase-based study project that will be guided by Community-based participatory research, intersectionality, and implementation science frameworks. The project will be implemented in five non-iterative phases: Community and partner engagement; Critical health and racial literacy training curriculum and HIV resource development; Implementation research with the first cohort of trained HIV Peer Equity Navigators (PENs); Program implementation across Ontario, evaluation, knowledge sharing and scale up. We will use a mixed methods approach, quantitative and qualitative data to analyze and identify implementation scenarios and effectiveness. The research project is approved by Ethics Board.

**Result and Analysis:** The implementation strategy is expected to improve access and ensure equity to HIV prevention and care for ACB women. We will use descriptive, inferential, and thematic analysis to highlight the effectiveness of the intervention.

**Learning outcome:** Evidence of the effectiveness of this innovative, peer-led intervention can be used to inform equity-based health policies and practices related to HIV prevention and care for ACB women in Canada. The results will be disseminated at community and national workshops and in peer-reviewed journals

**O72**

## **Exploring How Sustainable Menstrual Supplies and Health Education Contribute to Achieving Menstrual Hygiene Management**

April Mackey, Pammla Petrucka

University of Saskatchewan, Regina, Canada

### **Abstract**

**Background:** The stigma of menstruation has had an impact on women’s access to sanitary products, adequate bathroom facilities, and health education. Emerging recommendations indicate that a comprehensive approach to menstrual hygiene management (MHM) is required. The implementation of sustainable menstrual supplies, such as the menstrual cup, is a potential strategy for contributing to MHM. The purpose of this presentation will be to report on a model for sustainable menstrual supplies and health education for women in Malawi and to draw conclusions on how a similar model may be applied to the Canadian context. **Methods:** This qualitative research was conducted in two Malawian communities with select women groups (n=20). Women were engaged through the collection of stories and beliefs surrounding menstruation and menstrual products. Local health care providers were also included to contribute to identifying potential approaches to MHM. **Findings:** Three major themes emerged from the research: 1) women experience negative health outcomes as a result of poor access to menstrual education and scarce MHM options 2) menstrual cups provide a feasible and accessible option for women in rural and remote villages to manage MHM; 3) women envision a preferred future for menstruation that includes education, product options, and health care provider engagement. **Implications:** Community health nurses play an essential role in contributing to sustainable MHM. This presentation will draw on research conducted in Malawi to report on strategies that could be implemented in Canada to contribute to achieving equitable MHM in diverse cultures and populations closer to home.

**073**

## **Community-Based Workers' Health and Wellness: Supporting Women Survivors of Intimate Partner Violence**

Tara Lundy, Joanne Crawford

Brock University, St. Catharines, Canada

### **Abstract**

An individual's working conditions are a key social determinant of health. Community-based workers (CWs) in non-profit settings provide vital and extended support to intimate partner violence (IPV) survivors, however, they are repeatedly exposed to secondary trauma in their everyday work, which may consequently influence health. This qualitative descriptive inquiry explores the health and wellness of CWs who support IPV women survivors in Niagara, Ontario. CWs ( $n = 19$ ) participated in individual interviews and thematic analysis generated five themes: (1) mental processing and alternations related to how secondary trauma exposure interfered in CWs' personal lives and manifested into emotional and physical symptoms; (2) unmanageable structural challenges stemming from work struggles that CWs faced; (3) women empowering women encapsulated empowerment shared between female CWs and survivors; (4) unique ways of coping that assisted CWs in stressful work-related experiences; and (5) recommendations for system improvements to promote CWs' health and wellness. The study demonstrated how CWs' emotionally-demanding role resulted in adverse health outcomes that may put them at risk for chronic diseases. The findings are relevant to public health nurses in chronic disease prevention to work collaboratively with these organizations in supporting the implementation of tailored health promotion and disease prevention strategies. The implications for nurses in community, mental health, and IPV treatment programs are to lead community-based strategies involving intersectoral collaboration to promote community awareness and advocacy for the health and wellness needs of this often overlooked IPV CW workforce.

**O74**

**Determining readiness for a new community outreach intervention tackling gender-based violence: Integrating complexity science into nursing practice.**

Vicky Bungay<sup>1</sup>, Scott Comber<sup>2</sup>, Patricia Tait<sup>3</sup>, Phoebe Long<sup>3</sup>

<sup>1</sup>University of British Columbia, Vancouver, Canada. <sup>2</sup>Dalhousie University, Halifax, Canada. <sup>3</sup>UBC, Vancouver, Canada

**Abstract**

Despite our longstanding history as leaders addressing gender-based violence, nurses face unprecedented barriers to develop and sustain effective community interventions to prevent violence and promote health and recovery for those we serve. Outdated policies, insufficient resources, and inconsistent evidence integration contribute to our challenge of providing equitable, safe care. Here, we draw on findings from Phase I of our mixed-methods, multi-case study to demonstrate how to effectively prepare for implementation of a new outreach intervention in violence prevention and recovery that builds upon community strengths and resources, and also ensures the intervention is appropriate, safe, and feasible prior to implementation. We illustrate how critical perspectives about equity, inclusion, and rights to freedom from violence were combined with complexity science to enable us to develop a comprehensive understanding of the local context of three unique Canadian communities. Census, programming, and other data were collected and analysed to create individualized community profiles. Interviews with program leaders, clinicians and clients enabled us to identify core strengths and barriers to intervention implementation. Through systematic and multiple feedback loops we collaboratively interrogated best practices in outreach alongside the profile and interview findings. These activities enabled us to generate and apply a meticulous intervention implementation strategy that would best support effective implementation. Participants in this session will have the opportunity to build capacity to assess and prepare for practice and program changes prior to implementation that consider the complexity of implementation context. A comprehensive readiness matrix will be shared as an exemplar to facilitate learning.

**075**

**Still Swimming Against the Tide? A follow up study to explore Ontario-based Social Determinants of Health Public Health Nurses' (SDH-PHNs') Experiences in Role Enactment.**

Cheryl van Daalen-Smith<sup>1</sup>, Judith MacDonnell<sup>1</sup>, Elizabeth McGibbon<sup>2</sup>, Claire Betker<sup>3</sup>

<sup>1</sup>York University, Toronto, Canada. <sup>2</sup>STFX, Antigonish, Canada. <sup>3</sup>NCCDH, Antigonish, Canada

**Abstract**

The innovative Social Determinants of Health Public Health Nursing role was launched in Ontario health units in 2012 to support health equity goals. An NCCDH-supported study completed in 2015 examined role development and implementation. Findings indicated that SDH-PHN leadership and factors influencing role implementation was characterized as “Swimming Against the Tide.” The environment for SDH-PHNs since 2015 has changed considerably, with global movements such as Black Lives Matter, continued calls to action from the Truth and Reconciliation Commission of Canada and the global COVID-19 pandemic shaping commitments for social justice, racial equity and anti-oppression.

This follow-up study, guided by a mixed methods approach using critical theoretical perspectives with attention to complex dynamics of power, explores the degree to which Ontario SDH-PHNs have enacted their roles since the 2015 inquiry. Using purposive and convenience sampling, a confidential survey with 30+ SDH-PHNs and a total of 3 focus groups with SDH-PHNs and Chief Nursing Officers from Ontario was analyzed using descriptive statistics and thematic analysis. Drawing on Cohen et al's (2013) Conceptual Framework of Organizational Capacity for Public Health Equity Action in order to understand the complex micro, meso and macro supports and barriers for SDH-PHNs to enact their role enabled an understanding of the urgency of providing meaningful support for the SDH-PHN role and its potential for building equity capacity in public health within and beyond the Ontario context.

*Focus: Capacity-Building*

*Learning Outcomes:*

To understand the SDH-PHN role in enhancing health equity

To consider organizational enablers and barriers for the role

**O76**

## **Modernization of the Public Health Core Competencies: Advisory Committee Experience**

Karen Curry<sup>1</sup>, Renee Renee Boi- Doku<sup>2,3</sup>

<sup>1</sup>Dalhousie University, Halifax, Canada. <sup>2</sup>Toronto Public Health, Toronto, Canada. <sup>3</sup>Toronto Metropolitan University, Toronto, Canada

### **Abstract**

Learn will be able to:

- 1) Discuss the value of PH Core Competencies (PHCC)
- 2) Describe the importance of PHN voice in the development of the updated PHCC.
- 3) Describe the engagement process used to develop the updated PH Core Competencies

This oral presentation will share the experience of nurse's contribution to the advisory committee for the Modernization of the PH CC. The work to update the 2008 PH CC is important work to ensure a strong public health workforce in Canada. The project team worked to ensure the voices of a variety of public health key collaborators were included. This presentation will focus on the experience of two community health nurses on the project advisory committee. Relationship building, health equity and capacity building are key CHNC standards of practice. The project team demonstrated commitment to inclusion of diverse views, roles, and experiences. The project team also demonstrated a willingness to engage in reflection and connection with Indigenous community health leaders to assist in decolonization the language and structure of the final products. As community health nurses we will share our perspectives and learnings from this work and explore opportunity to reflect on how community nurses are using competencies in day-to-day work.



**O77**

**Coordinated Aging in Place Services (CAPS) with integrated Primary Health Care:  
A mixed methods research study**

Paula Pickard, Natasha Hanson, Daniel Jardine, Donaldo Canales, Lorri Amos

Horizon Health Network, Fredericton, Canada

**Abstract**

New Brunswick (NB) has a high proportion of older adults who live in rural areas and have one or more chronic conditions. Increasing rates of hospital admissions with seniors highlight the need to enhance primary health care (PHC) services for this priority population. Horizon’s community health centres are embarking on strategies to strengthen the PHC multi-disciplinary team in providing equitable, appropriate services to priority populations.

Our research study aimed to enable NB seniors to age in place safely by implementing an innovative care pathway within PHC, called CAPS. CAPS is a nurse-led, multi-disciplinary, clinical and self-management support program for older adults at-risk for frailty. The experiences of patients, family caregivers, and health care providers (HCP) involved with CAPS were investigated.

Sixteen patients, 9 family caregivers, and 8 HCP participated in the research study. Data obtained from semi-structured interviews with participants, demographic and health information from patients and family caregivers. Thematic analysis identified that the majority of patients and caregivers felt the CAPS team provided a lot of information and was very helpful or excellent. The majority of them found the care was better with CAPS compared to their previous primary care experiences. The majority of HCPs felt their patients had fantastic care with CAPS, they felt supported by CAPS team, and would like the program to be implemented. Overall, the findings were positive from implementing a PHC nurse-led, multi-disciplinary, frailty and self-management support service for seniors. This study targets the standards of building capacity for the community nurse and seniors.

**O78**

## **Rounding to Influence – Home & Community Care Nursing**

Kartini Mistry, Sandra Li James

VHA Home Healthcare, Toronto, Canada

### **Abstract**

Rounding to Influence (RTI) is an evidenced-based patient safety methodology aimed at reinforcing crucial behaviors and performance expectations through purposeful discussions. It aims to drive desired outcomes of enhancing accountability, promoting awareness, and exemplifying the organization's dedication to continuous quality improvement. RTI involves a systematic approach where leaders engage with point-of-care providers in one-on-one interviews. During these sessions, nurses were encouraged to share insights on what is functioning effectively, recognize their peers and also provided detailed explanations regarding documentation practices, facilitators, and barriers, and review/reinforce safety behaviors related to documentation. The outcomes of our Rounding to Influence (RTI) initiative have resulted in several actionable strategies aimed at enhancing the nursing documentation experience and workflow for our home and community nurses related to: Work Environment, Usability & Forms, Training & Support, Best Practice & Technology. VHA's home and community care workforce is remote; RTI allows for meaningful relationships and connects leadership with point-of-care to reinforce safety behaviors. RTI demonstrates how organizational leaders can foster an environment encouraging open feedback, psychological safety, and meaningful participation. RTI, an evidence-based patient safety method, fosters accountability across organizational levels through intentional conversations and is a useful tool for engagement and strengthening relationships.

**079**

**Client experiences with VON homecare nursing in a rural community: nurses' contribution to clients' health outcomes**

Janet Purvis, Christina Holmes, Kealeigh Halliday

St. Francis Xavier University, Antigonish, Canada

**Abstract**

Despite the well-established need for homecare nursing, there is a paucity of research examining the impact home nursing has on addressing health equity and improving health outcomes. Homecare is often studied as a service area inclusive of home support services, which is problematic because it is quite different from nursing care and does not capture nurses' contribution to client health outcomes. **The purpose** of this study was to examine the clients' experience of home nursing care to provide insight into how the VON meets the needs of clients through their delivery and organization of home nursing care. **The method** was a qualitative descriptive case study situated in a rural area. Data was analyzed using the social determinants of health as a lens. Some **key findings** were that homecare services are organized to suit organizational needs rather than client needs. However, nurses made clients feel respected and included them in care planning, empowering them to make decisions and care for themselves. Accessing equipment and resources was more difficult for clients with more complex health needs. The **implications for nursing** are to reinforce a self-management approach to client care, requiring a thorough understanding of community resources to better support client needs and improve access. A recommendation is for organizations to examine their service delivery systems to be client-focused to improve client health outcomes and access. **Key learning outcomes** include understanding homecare nurses' contribution to addressing the social determinants of health for clients in rural communities and improving client health outcomes.

**O80**

## **Compressing care in Home Care Nursing: The Social Relations of Home Care Nursing**

Tanya Sanders<sup>1</sup>, Susan Duncan<sup>2</sup>, Sonya Jakubec<sup>3</sup>, Kelli Stajduhar<sup>2</sup>

<sup>1</sup>Thompson Rivers University, Kamloops, Canada. <sup>2</sup>University of Victoria, Victoria, Canada. <sup>3</sup>Mount Royal University, Calgary, Canada

### **Abstract**

**Issue:** There is an increasing need for home care however, there is little evidence about the everyday nursing work and the institutional influences that impact this work. As nurses are the largest professional care providers in home care and given the increasing demands for home care services there is a need to understand the work of nurses, specifically to identify the social organization of this work. As a part of a larger Canadian study on home care systems, I completed an institutional ethnography with home care nurses in one health authority in Western Canada.

**Results:** The results of this inquiry show that nurses work is coordinated through texts and electronic health documentation systems. Influences of safety, measurement and efficiency are shown to impact nurses' work. Increasingly nurses time coordinating their work and client care is being compressed with less time for direct client care.

**Actions:** Understanding the invisible but dominant ruling relations influencing, and at times, disorganizing the every day work of nurses is a vital first step in creating change. The results of this work highlight the role of technology in the coordination of nurses work (Sub theme Standard 7); recommendations from this work contribute to sub theme Standard 3: Health Maintenance, Restoration and Palliation.

**Learning outcomes,** the participants will be able to: Describe the coordinating features of home care nurses work. Identify the impacts of safety measurement and efficiency discourses on nurses work. Discuss opportunities for change in home care.

**O81**

**Inform, Involve Retain project**

Anna Tazian

CIUSSS West-Central, Montreal, Canada

**Abstract**

As a response to health care challenges such as accessibility restraints, shortage of doctors and long waiting times , the scope of nursing practice in Quebec has undergone significant transformations in recent years. Already struggling with the post pandemic exhaustion and burnout, the lack of adequate resources, mandatory overtimes etc., nurses are assuming more responsibilities, including activities that are traditionally attributed to doctors, such as screening for and treating certain symptoms, through prescription rights or collective orders. These additional responsibilities have proven to have an impact on the personal well-being and performance of nurses, especially with the lack of appropriate support, education and training.

This project involves the creation of communities of practice , tailored to different specialty areas in community health care such as family-child health and management of sexually transmitted and blood-borne infections. The general objective is to provide a sustainable strategy to support the professional development and growth of nurses, guiding them through the journey of integrating these additional responsibilities, ultimately enhancing their job satisfaction while simultaneously fostering equity in accessing health care services for the general population.

The process involves online, and in person gatherings at six week intervals where subjects and cases are discussed or presented by expert nurses and various other health care professionals. The TEAMS platform is used for the meetings and the information sharing. This has provided an opportunity of networking for the nurses and has proven to be a winning strategy for capacity building and the retention of novice nurses.

**O82**

## **Communities at the Centre: Community Health Nursing Quality Improvement Stories**

Leinic Chung-Lee<sup>1,2</sup>, Linda Liang<sup>1</sup>, Karen Beckermann<sup>1</sup>

<sup>1</sup>Toronto Public Health, Toronto, Canada. <sup>2</sup>Toronto Metropolitan University, Toronto, Canada

### **Abstract**

**Issue:** Amidst the coronavirus pandemic, community health practitioners and organizations maneuvered with agility to balance the emergency response with the need to preserve service continuity. While investments in quality improvement (QI) were previously made, conditions presented by the pandemic prompted community health nurses (CHNs) and their colleagues to expeditiously apply QI principles and tools to their daily practice. The integration of QI into practice has become increasingly commonplace. **Solutions:** While there is a continuum of informal to formal QI, all QI initiatives must be underpinned by valuing the community at the centre. The authors posit that CHNs must resist thin engagement with QI, which may lead to unintended consequences. **Implications and Theme:** Nurses have a calling to help and to nurture relationships. Through this commitment, CHNs are well-positioned to exercise judgement and re-anchor QI projects to be driven by the communities that CHNs collaborate with. CHNs practice in a variety of settings with a notion of “a sense of connection to the community” as described in the CHNC Professional Practice Model. The ability to build and maintain professional relationships can determine the direction and outcomes of a QI project. **Objectives:** Through the critical sharing of QI stories, participants will: (1) gain knowledge of various QI methodologies and tools, (2) understand how business process improvements can mediate better community health outcomes, (3) critically and reflexively appraise the use of QI tools for meaningful and responsible application, and (4) strengthen CHN ability to integrate QI into practice across various settings and contexts.

**O83**

## **School Produce Markets: Increasing Equitable Food Access in Niagara Schools**

Austin White

Niagara Region Public Health, St. Catharines, Canada

### **Abstract**

Learning Objectives:

**Community Collaboration & Health Education:** Understand how collaboration between Public Health Nurses, students, and partners developed the School Produce Market program, integrating education on nutrition and food security to empower students for community-driven health improvements.

**Equity driven Health Initiatives:** Analyze the School Produce Market's impact on marginalized communities, exploring how it aligns with Community Health Nursing Standards to address health disparities and enhance food access.

Amidst the increasing challenge of food insecurity in Niagara, Public Health Nurses collaborated with students and community partners to develop and implement the School Produce Market program. Aligned with the Comprehensive School Health Framework and Ontario Curriculum, the initiative engages students in education about nutrition and food security by implementing affordable monthly produce markets. The markets not only enhances families' access to affordable produce but also empower students to make meaningful, long lasting change to improve health and well-being.

This initiative's success is rooted in its commitment to addressing health disparities among marginalized populations, aligning closely with Community Health Nursing Standards emphasizing health equity, evidence-informed strategies, and capacity building.

In 2023, two schools serving high-priority populations, including low socio-economic families and an Indigenous community, delivered 10,000lbs of produce directly to families. In 2024, the program has expanded to six more schools across Niagara Region. The School Produce Market program showcases the effective integration of Community Health Nursing Standards into school-based strategies to increase food access among vulnerable communities. It serves as a testament to community-driven efforts rooted in health equity and evidence-based strategies.

**O84**

## **An Autobiographical Narrative Inquiry Exploring the Cultural and Contextual Nuances of Developing a Tool for Menstrual Hygiene Management**

Jodie Bigalky<sup>1</sup>, April Mackey<sup>1</sup>, Annie Namathanga<sup>2</sup>, Pammla Petrucka<sup>1</sup>

<sup>1</sup>University of Saskatchewan, Regina, Canada. <sup>2</sup>Kamuzu University of Health Sciences, Lilongwe, Malawi

### **Abstract**

**Background:** An involuntary and biological process, menstruation remains a taboo topic across many cultures and contexts. A significant challenge towards reproductive health and well-being for girls and women in low-middle income countries, such as Malawi, is the inadequate and unreliable supply of menstrual products, education, and resources. Addressing the many layers of menstrual hygiene management (MHM) globally, presents both opportunities and challenges for scholars and practitioners alike. The purpose of this research was to reflect on the cross-cultural experience of developing a MHM tool intended for a Malawian context.

**Methods:** Autobiographical narrative inquiry was used to explore the cultural and contextual dissonance experienced by two Canadian nurse researchers during the development of a tool for MHM.

Chronological annals, personal communications, draft tool development documents, journals, text messages, photos, and mementos were used to co-construct the narrative.

**Findings:** Four themes emerged from the analysis: (1) feeling vulnerable; (2) our realization; (3) building collaborative relationships; and (4) revisiting the product of the research. The findings related to these themes and how they emerged from the narrative will be shared in the presentation.

**Implications:** Participants in this presentation will hear the autobiographical narrative inquiry that caused the researchers to pivot from developing a tool to a “roadmap” applicable for any culture and context. The “roadmap” will be shared during the presentation. When working across cultures, nurses must value collaborative relationships, consider cultural context, and explore continuous learning and reflection. Community engagement and contribution to outcomes are integral to meaningful and relevant nursing research.



**O85**

## **Exploring Nursing Advocacy in the Context of Violence against Women**

Christine Garinger, Marilyn Ford-Gilboe, Abe Oudshoorn, Nadine Wathen

Arthur Labatt Family School of Nursing, Western University, London, Canada

### **Abstract**

Despite long-standing interest in nursing advocacy conceptually, its application is often absent, inconsistent or invisible in practice. There are tensions between Nursing's obligations to advocate and constraints in practice, with a focus on individual traits of nurses and less on the sociocultural contexts in which nurses attempt to enact advocacy. Aligned with CHNC Standard 3, *Health Maintenance, Restoration and Palliation*, a Qualitative Interpretive Description approach is being used to explore the nature of nursing advocacy in a specific context - women experiencing violence – and to identify factors that support or undermine advocacy. The impacts of violence on the health and well-being of Canadian women are profound, constituting a public health crisis, yet how nurses engage in advocacy is unclear. A convenience sample of 20 Registered Nurses providing support to adult women in direct practice and indirect (e.g., education, administration, research) roles will be invited to complete in-depth qualitative interviews about their experiences. Interview transcripts will be analyzed using Reflective Thematic Analysis, yielding clinically relevant insights about how nursing advocacy can be positioned to improve the health and lives of women who experience violence and other inequities in ways that contribute to social justice.

Objectives of this presentation are to: a) present initial findings from this research, b) facilitate a dialogue with participants about the nature of advocacy in community health nursing contexts, and c) generate interest from nurses across Canada in a upcoming forum to further mobilize nursing advocacy for women experiencing violence.

**O86**

## **Intersectionality and Intimate Partner Violence in the Community: An Integrative Review**

April Mackey, Pammla Petrucka

University of Saskatchewan, Regina, Canada

### **Abstract**

**Background:** Intimate partner violence (IPV) is uniquely posited as both a public health challenge and an affront to human rights that spares no social group. The “elimination all forms of violence against all women and girls” is a main indicator for Sustainable Development Goal (SDG) 5. As IPV can be seen across all racial, ethnic, and socioeconomic backgrounds, a holistic, comprehensive, and intersectional approach is required. This presentation will focus on key nursing themes from an integrative review that examined the application of intersectionality as a framework to women’s experiences of intimate partner violence in the community. **Methods:** An integrative review was conducted using the Whitmore and Knafl (2005) approach. A total of 1686 research studies from ten databases were appraised resulting in 4 articles that were reviewed and analysed extensively by two reviewers. **Results:** The major themes that emerged from the review: (a) intersectionality as a critical social framework can inform holistic IPV interventions within community health nursing; (b) an intersectional and equity-based lens provides a context for community health nurses to address oppressive power imbalances; and (c) nursing interventions framed within an intersectional framework can be used to promote women’s agency and reclamation of self. **Implications:** The findings present linkages between community health nursing, intersectionality, and IPV. It is in these connections where nursing interventions, policies, and programs can be developed to provide a holistic and comprehensive approach for survivors in communities.

**O87**

## **Nurses' Experiences With Virtual Care During the COVID-19 Pandemic: A Qualitative Study in Primary Care**

Crystal Vaughan<sup>1</sup>, Lindsay Hedden<sup>2</sup>, Julia Lukewich<sup>1</sup>, Suzanne Braithwaite<sup>3</sup>, Dana Ryan<sup>1</sup>, Jamie Wickett<sup>4</sup>, Stan Marchuk<sup>5</sup>

<sup>1</sup>Memorial University of Newfoundland, St. John's, Canada. <sup>2</sup>Simon Fraser University, Burnaby, Canada. <sup>3</sup>Trent University, Peterborough, Canada. <sup>4</sup>Western University, London, Canada. <sup>5</sup>University of British Columbia, Vancouver, Canada

### **Abstract**

**Introduction:** During the COVID-19 pandemic, clinicians relied on virtual care to sustain the delivery of primary care services; nurses contributed to primary care teams' capacity to deliver care virtually. As new care modalities are integrated, there are concerns about maintaining healthcare quality. This study explored nurses' roles in virtual care delivery in primary care and the barriers and facilitators that influenced their contributions.

**Methods:** As part of a larger, mixed-methods study, we employed a qualitative descriptive approach to carry out a sub-analysis of findings related to virtual care. We conducted semi-structured qualitative interviews with nurses in primary care across four Canadian provinces (British Columbia, Ontario, Nova Scotia, and Newfoundland and Labrador). We analyzed data related to virtual care thematically.

**Findings/Implications:** We conducted interviews with 76 nurses, and identified three key themes: (1) the 'virtual care' effect, (2) virtual care as patient-centered care, and (3) the continuum of virtual nursing practice. As virtual care became an essential care modality, nurses recalled improved accessibility to primary care for select populations and more efficient care processes. Nurse roles varied across designations; however, patient needs and preferences remained central to nursing care approaches that continuously focused on maintaining patient safety and privacy. Primary care teams are increasingly relying upon nurses to support virtual care delivery, emphasizing the need to clarify nursing roles in virtual care. Acknowledging nurses' potential in virtual models of primary care will help optimize their contributions in community health, fostering strong virtual nursing practice across settings.

**O88**

## **The Influence of Organizational Attributes on Registered Nurse Contributions to Well-Child Care: A Multiple Case Study**

Suzanne Braithwaite<sup>1,2</sup>, Julia Lukewich<sup>3</sup>, Danielle Macdonald<sup>2</sup>, Joan Tranmer<sup>2</sup>

<sup>1</sup>Trent University, Peterborough, Canada. <sup>2</sup>Queen's University, Kingston, Canada. <sup>3</sup>Memorial University of Newfoundland, St. John's, Canada

### **Abstract**

Theme: Standard 5 Capacity Building

Learning outcomes: Participants will be able to describe attributes of organizations that influence registered nurse (RN) scope of practice enactment within the context of well-child care in interprofessional primary care teams.

Issue: Registered nurses are well-positioned to deliver well-child care within community-based interprofessional primary care teams. However, integrating RNs into these roles requires careful consideration of how organizational attributes influence RN scope of practice enactment within this setting. The purpose of this study was to explore organizational attributes that influence RN scope of practice enactment within the context of interprofessional primary care teams in Ontario.

Methods: We conducted a multiple-case study that included three interprofessional primary care teams in the province of Ontario, Canada. Data were collected from multiple sources, including electronic medical records, surveys, and interviews. Participants included RNs who deliver well-child care and a leader within each organization. Descriptive pattern matching was the analytic approach implemented.

Findings: Cross-case analysis revealed seven themes: (1) variation among nursing roles between and within organizations, (2) need for nurse autonomy, (3) call for RNs to work to full scope, (4) influence of staff composition, (5) importance of strategic leadership, (6) support for the RN role, and (7) importance of collaboration. These findings should be used to influence how interprofessional primary care teams are designed and implemented. Nurses and nurse leaders can use these findings to support optimization of the nursing role within their practice setting.

**O89**

## **Développement de scénarios cliniques pour des simulations code bleu en CLSC**

Camille Labrie, Catherine Newberry, Patricia Robitaille

CIUSSS Centre-Ouest-de-l'Île-de-Montréal, Montreal, Canada

### **Abstract**

Dans les milieux de soins primaires, tels que les centres locaux de services communautaires (CLSC), les infirmières sont peu exposées à des situations d'urgence médicales sévères (code bleu). Par conséquent, lorsqu'elles doivent intervenir auprès d'un usager présentant de tels symptômes, elles peuvent se sentir anxieuse et confuse face à leur rôle et responsabilités, ce qui entraîne de l'inefficacité. Il y a donc un besoin urgent pour que les infirmières développent leurs aptitudes, leur niveau de confiance et leurs compétences afin d'intervenir rapidement et efficacement au sein de l'équipe interprofessionnelle dans les situations de code bleu. Afin d'atténuer ce problème, des simulations de code bleu adaptées au milieu des CLSC ont été développées selon les besoins des infirmières travaillant dans ce milieu. Une revue rapide de la littérature a été réalisée afin de déterminer les meilleures pratiques en matière de simulations en milieu de soins primaires. Des simulations de code bleu auront lieu au printemps 2024. Nous espérons que ce projet contribuera à accroître les compétences et la confiance des infirmières dans la réponse aux situations de code bleu dans les CLSC et améliorera la qualité et la sécurité des soins auprès des patients. Ce projet permettra d'assurer que les infirmières travaillant en milieu communautaire soient en mesure de répondre en toute confiance à une urgence médicale sévère. Les résultats pourront être transférables à d'autres établissements de santé.

**O90**

## **Integration of New Graduate and Internationally Educated Nurses into Home Care setting through a Transition to Practice Program.**

Olesya Kochetkova, Deb Witmer

VON Canada, Toronto, Canada

### **Abstract**

Attracting and retaining nurses has become a particularly acute need. New graduates (NG) and Internationally Educated Nurses (IENs) require a supportive strategy for integrating them into the highly specialized community nursing workforce. The need for, and benefits of, an efficient and effective Transition to Practice Program (TPP) is well documented in the literature. Leadership at VON Canada undertook an 8-month program on the development of a TPP which included an organizational gap analysis, literature reviews, partnerships with universities and consultation of subject matter experts. An Evidence-Based, Four Module program was created that supports increasing levels of autonomy and complexity of practice using a combination of didactic, independent, and experiential learning within a framework of a variety of supports. The aim of the program is to guide a NG or IEN to integrate into the home care specialty while utilizing education and self-reflection to develop professional responsibility and Home Health Nursing Competencies. The TPP promotes new VON nurses to engage in Professional Relationships while building a supportive practice network within the context of community nursing.

A mix of NG and IENs have completed the program since the launch with positive preliminary feedback from participants and site leads. An evaluation matrix comprised of qualitative and quantitative data is currently underway with projected data analysis available for winter of 2024.

Session participants will learn about the TPP development process, implementation strategies, and evaluation results with the aim to support nursing organizations in integrating new graduate nurses and IENs into their community practice settings.

**O91**

## **Pioneering the Training for VHA Home Healthcare's Novel Interprofessional Collaboration Competency (IPCC) Framework: Insights from the First Iteration of the IPCC Framework Training Workshop**

Leonor De Biasio, Banu Sundaralingam

VHA Home Healthcare, Toronto, Canada

### **Abstract**

VHA Home Healthcare is an Ontario-based community healthcare organization that is dedicated to delivering high quality healthcare services and support. The VHA “One Team Initiative” represents a strategic move towards an interprofessional practice model. Extensive research underscores the benefits of interprofessional collaboration, including a holistic approach to care, improved patient outcomes and satisfaction and efficient resource utilization.

As part of the initiative, a comprehensive strategic plan was devised, outlining key objectives. This included the creation of the VHA Interprofessional Collaborative Competency (IPCC) Framework and a training curriculum for clinical leaders with the goal of championing the IPCC Framework. A Learning and Community of Practice (CoP) working group was formed to develop and implement the training, employing Adult Learning Theory and Social Constructivism principles. In November 2023, a two-part virtual workshop curriculum was launched, featuring an e-learning module and resource toolkit for self-directed pre-learning, and a workshop format of didactic sessions, case studies, and group discussions. Sixteen clinical leaders from diverse professional backgrounds participated, fostering a rich exchange of perspectives.

Themes that emerged from the workshop included the imperative to break down silos amongst teams, standardize documentation practices, and address healthcare funding models inhibiting interprofessional synergy. Pre-post evaluation surveys revealed enhanced knowledge and skills amongst participants, underscoring the curriculum's efficacy in promoting interprofessional collaboration. The IPCC Framework Training Workshop marked the initial step in cultivating a culture of collaboration, laying the groundwork for an interprofessional care model, and providing a solid foundation for future pursuits in interprofessional education and practice.

**O92**

## **Transforming Healthcare at Home: A Journey to Elevate Quality and Safety for Clients**

Hillary Asemota<sup>1</sup>, Natalia Stovichek<sup>2</sup>, Julia Cioffi<sup>1</sup>, Ade Oyemade<sup>1</sup>

<sup>1</sup>SE Health, Markham, Canada. <sup>2</sup>SE Health, markham, Canada

### **Abstract**

Post Pandemic, the home and community sector noted an increase in the demand and complexity of clients requiring home care. This was compounded by a significant attrition in nursing impacting client and quality outcomes. Strategies were developed by the nurse leaders at SE Health that resulted in improvements in quality-of-care delivery.

A focused approach was utilized for data collection and quality redesign. Following a review of the current clinical and safety indicators, the following were noted, i. 0.5% and 1% increase in missed care and client complaints and iii. 2% decrease in timely and accurate nursing documentation. This review identified the need to reimagine care delivery to clients and families and mitigate “drive through care”.

To achieve this, a Clinical Action Plan was developed, driven by client safety and quality metrics. leadership huddles were implemented to maintain visibility and accountability of metrics. Joint visits with front line nurses were initiated by nursing leaders to engage, support, and identify areas of improvements. In addition, just in time practice support and resources were provided to nurses to help mitigate clinical concerns and suboptimal documentation practices.

Joint visits were received positively by front line nurses as it provided them the opportunity to be heard. It also provided leaders an understanding of issues faced by the nurses. A review of two consecutive performance reports indicated i. 0.25% decrease in missed care, ii 1% increase in timely and accurate nursing documentation and iii. 0.5% decrease in client complaints indicative of the effectiveness of implemented strategies.



**O93**

## **What tools assess climate change impacts on perinatal health with an equity lens? A rapid review of the Canadian context**

Alysha Jones<sup>1</sup>, Émilie Tremblay<sup>2</sup>, Anne-Lise Costeux<sup>3</sup>, Jacqueline Avanthay-Strus<sup>3</sup>, Adrienne Barcket<sup>4</sup>

<sup>1</sup>University of Northern British Columbia, Sooke, Canada. <sup>2</sup>University of Ottawa, Ottawa, Canada.

<sup>3</sup>Université de Saint-Boniface, Winnipeg, Canada. <sup>4</sup>Simon Fraser University, Burnaby, Canada

### **Abstract**

This presentation highlights findings from a rapid review conducted by the Canadian Association of Nurses for the Environment (CANE) in collaboration with the National Collaborating Centre for Determinants of Health (NCCDH). This review is the initial phase of a project about climate change and perinatal health. Our rapid review identifies existing tools in the Canadian literature that assess the impacts of climate change on the health of perinatal families, particularly those who are equity-denied. Addressing the needs of equity-denied perinatal populations in the face of climate change is crucial to promoting equitable and inclusive perinatal care in Canada.

Our review revealed a significant lack of tools that comprehensively assess climate health impacts, particularly in the perinatal population. While Canadian perinatal health screenings focus on equity via the social determinants of health, they only marginally include climate considerations, if at all. Given the seriousness of climate change, urgent engagement of health systems and healthcare workers is essential to help perinatal families mitigate and adapt to climate health challenges, particularly for those made vulnerable by structural systems of oppression.

We recommend expanding existing Canadian perinatal screening tools to include climate health and equity considerations focused on the climate change health impacts. We also recommend a supplementary planetary health tool specifically for perinatal families with an equity focus, encompassing climate and environmental health factors and concerns. Therefore, we will briefly discuss part two of this project—a collaboration between CANE and Health Canada—which involves the development of a Perinatal Planetary Health Tool.

**O94**

## **Increasing Awareness of Radon Gas: Radon Assessment Tool**

Kasey Knowles<sup>1</sup>, Jacqueline Avanthay-Strus<sup>2</sup>, Fiona Hanley<sup>3</sup>, Frédéric Jubinville<sup>4</sup>

<sup>1</sup>Canadian Association of Nurses for the Environment, Vancouver, Canada. <sup>2</sup>Canadian Association of Nurses for the Environment, Winnipeg, Canada. <sup>3</sup>Canadian Association of Nurses for the Environment, Montreal, Canada. <sup>4</sup>University of St. Boniface, Winnipeg, Canada

### **Abstract**

Radon is an invisible and odourless gas naturally released from rocks, soil, and water due to the breakdown of uranium, found in almost all homes in Canada. It is also the leading cause of lung cancer in non-smokers from long-term inhalation.

A collaborative project between the Canadian Association of Nurses for the Environment and Health Canada aimed to reduce risks of radon-induced lung cancer within the perinatal population.

This led to the creation of a digital Radon Assessment Tool for perinatal health care providers using principles of motivational interviewing and brief intervention to assess risk and motivation for change with patients/families, while providing immediate resources to aid with health anxiety.

Our tool has been designed for equitable access using accessible, inclusive language and takes only five minutes to complete. It offers immediate steps to reduce radon risk tailored to individual circumstances and financial assistance resources. Individuals can use the tool independently or with the help of a perinatal healthcare provider.

For validation, the Radon Assessment Tool was distributed to perinatal healthcare providers and parents of young children for review, with recommended adjustments implemented into the final design.

We also created attractive posters for waiting rooms and hospital units that enable direct access to the tool via integrated QR codes.

Learning outcomes:

Participants in this session will learn how to use the Radon Assessment Tool in order to mitigate risk for clients/families within their care, learning about the health implications of radon and relevant resources to use in practice.

**O95**

## **Evaluation on the Usage and Available Internet Based Resources for GLaNT Youth Communities**

Aidan Hung<sup>1</sup>, Roya Haghiri-Vijeh<sup>2</sup>, Katlin Newman<sup>3</sup>, Daniel Huizenga<sup>4</sup>, Fatima Sobhan<sup>1</sup>, Jesse Tailor<sup>2</sup>

<sup>1</sup>Toronto Metropolitan University, Toronto, Canada. <sup>2</sup>York University, Toronto, Canada. <sup>3</sup>University of Western Ontario, London, Canada. <sup>4</sup>Centennial College, Toronto, Canada

### **Abstract**

Gender-independent, intersex, non-binary, and transgender (GLaNT) youth are an underrepresented community lacking significant access to comprehensive sexual education and puberty healthcare information. The purpose of this presentation is to provide preliminary findings from a rigorous review of literature pertaining to usage of online resources available on the development of GLaNT youth. The research team honed in on online resources because the preliminary findings of this review reveal that GLaNT youth prefer online resources to assist in their gender identity development. To evaluate the available resources on GLaNT youth's utilization of online resources, the Joanna Briggs Institute (JBI) method for scoping review was used to guide this research.

The implications for this study can help community/public health nurses and educators utilize gender-affirming and age-affirming online educational resources for GLaNT youth. The results of this review will include a synthesis of the usage of preferred resources for GLaNT youth, what the gaps in existing sexual education and puberty healthcare for GLaNT youth are, and suggested practices for inclusive, comprehensive sexual education.

Community and public health implications for this research will help promote health and advocate for easily accessible (via internet) resources and care for the GLaNT youth community. Nurses serve as the bridge in communication between patients and healthcare professionals, highlighting the importance of using evidence-informed approaches to facilitate equitable care. The aim is to share innovative guidelines for community health nurses, assist in the development of evidence-informed practice, create age and gender-affirming resources to provide equitable care for GLaNT youth.

**O96**

## **Integration of Virtual Simulation Games in a Community Health Nursing Theory Course**

Tanya Sanders, Heather Correale

Thompson Rivers University, Kamloops, Canada

### **Abstract**

There is increasing access to virtual simulation learning for students in baccalaureate nursing programs. Specific to community health nursing a series of virtual simulation games (VSG) have been developed and launched in partnership with Canadian Association of Schools of Nursing (CASN). VSGs are often used to augment clinical practice experiences however there is benefit to using VSIMs in theory courses. The purpose of this project was to determine the effectiveness of using VSGs in a third year community health nursing theory course to develop community health nursing competencies.

A mixed method using the Simulation Effectiveness Tool Modified (SET-M) and focus group feedback sessions will be used to complete the research in the winter of 2024. Preliminary results from the study will be shared during this session. Student and faculty experiences and learning will form the recommendations for use of VSGs and opportunities in theory courses. In particular, the VSG being used in this research and class setting will be examined for their impact on student learning about community assessment, health promotion, and program planning. (Standard 1: Health Promotion and Standard 2 Prevention and Health Protection) and Standard 6 Health Equity with a focus on advocating for health public policy in food security.

Learning outcomes: The participants will be able to: identify what VSGs are, describe how they can be integrated into theory courses, discuss the effectiveness of using VSGs as a teaching strategy in nursing, critique the opportunities for VSGs use in theory courses.

**O97**

## **Ask-the-Nurse Health Promotion Initiative: Expanding our Impact on Campus**

Dayana Wolski, Judy Duff

University of Toronto, Mississauga, Mississauga, Canada

### **Abstract**

The University of Toronto Mississauga (UTM) is the University of Toronto's second-largest division with over 15,000 students. UTM is committed to promoting a culture of wellness by embedding aspects of physical, mental and social well-being within the services it offers.

One of these services is the UTM Health & Counselling Centre (HCC) which offers a variety of health promotion initiatives, including the Ask-the-Nurse (ATN) program. Operating year-round, ATN is dedicated to empowering students to make well-informed health and wellness choices by offering opportunities to engage with Registered Nurses through various strategies.

ATN emerged in response to students requesting greater access to HCC services outside of the clinic space. It aims to bring expert knowledge of common medical concerns out to students where they are, on campus. ATN also aims to increase student awareness of the HCC's clinical services. ATN supports the HCC's goal to foster a culture of proactive well-being within the campus community.

ATN features information booths and workshops across campus. At these events, nurses disseminate evidence-based information, provide support, and encourage discussion. Topics include sleep hygiene, sexual health, mental health, cold and flu information, substance use and harm reduction. ATN reached more than 1200 students reached last year.

ATN emphasizes the importance of accessible and reliable health information in promoting well-being and health literacy. It also provides valuable insights for the development of ongoing health promotion initiatives, highlighting the significance of diverse information dissemination platforms, professional expertise, and the role of community engagement in student wellness.

**O98**

## **Strengthening Skills in Community Health Nursing**

Joane Louis

University of Toronto, Toronto, Canada

### **Abstract**

Undergraduate nursing education in community health is challenged by number of factors as students and academic institutions may favor traditional practice settings in acute care settings. Clinical placements are an essential part of the training for undergraduate nursing students to apply their theoretical learning from the classroom. While the importance of clinical placements in bridging the theory-practice gap for students is clear, securing placement that offer rich learning experiences in community health settings can be difficult. In addition, ensuring that students are well-prepared for the clinical setting requires that academic institutions offer opportunities for students to learn and practice the skills that are needed.

Structured learning activities that simulate those that will be used in the clinical practice setting is an important aspect of undergraduate nursing education. This presentation will describe an approach to help students prepare for their clinical practicum through preparatory pre-clinical learning with simulated activities. The aim of these learning activities is to highlight the skill set required for the clinical practice setting, to address the health needs of populations and communities, and to strengthen the visibility of community health nursing roles for undergraduate nursing students.

**O99**

## **Advancing Health Equity: What Structural Competency Can Teach Nurses**

Priscilla Boakye, Nadia Prendergast, Levar Bailey

Toronto Metropolitan University, Toronto, Canada

### **Abstract**

There is growing recognition of structural competence within a rapidly changing healthcare landscape. Increasing patient complexity and diversity has drastically changed the landscape of healthcare, highlighting the need to acknowledge that downstream health outcomes are a direct consequence of upstream social determinants. Tackling these issues requires a paradigm shift in nursing education and training that moves beyond immediate symptoms presented by patients to examining the socio-political forces that impact health and access to care. While cultural competency is considered an essential component of nursing practice, many have argued that cultural competency may create a of sense inadequacy and helplessness among clinicians who feel unprepared to address the structural issues that influence health. Structural competency has emerged as key to enabling health practitioners to shift the focus from individual symptoms to understanding how social, economic, and political systems are linked to health outcomes. By integrating the framework of structural competence, nurses are better position to promote health and advance health equity. In this presentation, we will discuss the potential structural competency holds in transforming nursing practice and advancing health equity.

**O100**

**The Lived Experience of Vaccine Hesitant Parents: Understanding the Decisional Trajectories and the Implications for Community Health Nursing**

Concetta Sessa, Cheryl van Daalen-Smith

York University, Toronto, Canada

**Abstract**

According to the World Health Organization (2015), vaccine hesitancy (VH) refers to the postponement in accepting or declining vaccination despite availability of vaccination services. In Canada, 2% of all children two years of age remain what the Public Health Agency of Canada (PHAC) considers under-vaccinated against vaccine preventable diseases (PHAC, 2019). From this and similar statistics, one might presume that VH is more ubiquitous than once thought. With an awareness of the role Community Health Nurses (CHNs) play in the provision of vaccines, the purpose of my proposed research is to understand the decisional journeys of previously vaccine-accepting parents' eventual arrival at VH and their views regarding what impact this may have on their children's health. The methodology will be to interview various VH parents regarding their journey towards hesitancy and also consult with nurse educators as well as community health nursing leaders. In locating parental VH experiences and documenting their journey towards VH, this study shall address the dearth of knowledge in this area and explore the ethical considerations for nursing practice in order to inform nursing policy, education, and future research. Importantly, as Canadian CHN Standards are grounded in health equity and evidence-informed practice, the dearth of understanding of VH parents, their societal marginalization as 'anti-vaxx' and the Canadian CHN's role in vaccine education, distribution and administration makes this a pressing health equity issue demanding attention in Canadian CHN discourse and practice.

Learning Outcome:

To explore the CHN role in ensuring health equity for vaccine hesitant parents.



**O101**

**Analogy of the Spider Web: A Framework for Understanding Anti-Black Racism and Health inequities.**

Priscilla Boakye, Nadia Prendergast, Levar Bailey

Toronto Metropolitan University, Toronto, Canada

**Abstract**

The role of anti-Black racism in the growing health inequities and disparities in health outcomes has been well documented. However, there are no known frameworks that explain the mechanism by which anti-Black racism affects health and well-being. The health of Black communities is shaped by various interwoven factors including systemic racism, poor access to healthcare, socio-economic status, education, employment opportunities, and housing. Despite this awareness, there is no framework to better conceptualized how these factors work to increase risk and vulnerability to poorer health outcomes. Drawing parallels between racism and the analogy of a spider web, this presentation will illustrate the relationship between racism and the complex interconnected web of factors impacting the health and well-being of Black communities. The framework will highlight the need for a more holistic, intersectional, and comprehensive multilayered intervention to address and dismantle the complex interconnected web of factors and promote health equity. We will use the characteristics of the spiderweb to elucidate the intricate web of factors that create inequities and differential health outcomes.

**P1**

**From classroom to community: experiential learning in mental health nursing course**

ARCHANA PAUL, Karen Campbell

School of Nursing, York University, Toronto, Canada

**Abstract**

Despite the availability of resources in the community, mental health service users continue to face several barriers that hinder their access to appropriate services. These barriers may include concerns about stigma and scarcity of information about appropriate and available resources among healthcare professionals. The purpose of this study is to evaluate the effectiveness of an experiential learning program in enhancing nursing students' knowledge and understanding of the varied resources in promoting physical and mental health among service users, with a view to preventing diseases, illnesses, and injuries. The conference theme reflected in this study is health promotion and equity.

A quasi-experimental pre-test/post-test mixed method study will be utilized to meet the objectives. Quantitative data will be collected with a pre-learning and post-learning questionnaire. Additionally, qualitative data will be collected through focus groups to gain a deeper understanding of the experiential learning process and its impact on the learning outcomes. Students will also share their experiences and reflect on findings via classroom presentations.

The key outcomes of this study will not only contribute to the existing body of knowledge on mental health service delivery but also help bridge the gap between theoretical knowledge and practical application. The students will be actively involved in assessing the mental health promotion needs and engaging in evidence-informed interventions to support service users. As future nurses, students will become better equipped to provide critical support to individuals seeking mental health services and resources.

**P3**

**Analysis of Unhoused Community Members at York University: Keele Campus.**

Najma Abdulle, Persis Acheampong-Yeboah

York University, Toronto, Canada

**Abstract**

Support for the unhoused community is imperative, evidenced by the prevalent homelessness in the Greater Toronto Area (GTA). Community Health Nurses (CHNs), dedicated to health and wellness promotion, are uniquely positioned to address the needs of this population. This study was conducted by students at York University's Keele campus with a focus on unhoused individuals during a night walk canvas. Assessments revealed several themes regarding Social Determinants of Health. Notably, during campus canvassing, unhoused individuals positively responded to nursing students with varying intersecting identities. Evidence emphasizes continuity of care, especially in roles like case management with a relational-based approach. Research underscores existing approaches, acting as temporary, costly solutions rather than addressing the root causes of homelessness. Systematic data collection can enhance understanding the complexity of the phenomena of homelessness, positioning CHN to address inequities more effectively. The CHN role, encompassing outreach and advocacy, is pivotal in crafting innovative homelessness solutions. York University nursing students persist in assessing unhoused community needs, urging CHNs in the GTA and York University to stand against this pressing issue.

**P4**

**Vibrantly Integrated: A Faith-Based Community Health Care Model Leads with Collaboration**

Clara Tsang

105 Gibson Centre, Markham, Canada

**Abstract**

The 105 Gibson Community Care Health Clinic delivers an innovative, collaborative model of care that emphasizes inclusivity and interprofessional partnership. Drawing on relationships with faith groups, medical practitioners, and not-for-profits, the clinic offers a holistic array of services that cater to the entire spectrum of health: physical, mental, emotional, spiritual, and social.

The clinic champions an integrated, whole-person approach to health, ensuring a dynamic collaboration across different health disciplines, and acknowledging the complexity and interconnectedness of health determinants. It offers access to a comprehensive suite of services for those often underserved and with language backgrounds that are not English or French, providing medical consultations, psychological and behavioral services, as well as spiritual support.

Co-located within a vibrant community center, the 105 Gibson clinic stands as a trusted resource for the community, fostering active participation in personal health and wellness among its clients.

**P5**

## **Patient Outcomes and Staff Satisfaction with the Implementation of Swift Skin & Wound Application**

Alana Boudreau

ParaMed, Kingston, Canada

### **Abstract**

The Swift Skin and Wound app was adopted at ParaMed’s Champlain district to ensure accurate, standardized wound measurement and improve wound monitoring. The goals of this project were to promote wound healing by incorporating new tools, technology, and processes motivated by community health standards 1, 2, and 3. This quality improvement project was initiated to improve patient care and decrease the workload and effort among the nursing team. Staff were surveyed to help understand potential complications with this change project to help prevent poor uptake. After initial education of the frontline nurses and two weeks of hands-on experience in the field, the survey was delivered to applicable nurses to compare staff perceptions of ParaMed’s current wound assessment and documentation model to the new process using the Swift app. As anticipated, some staff rated the app poorly due to the increased effort required to learn a new process while others rated the app favorably due to the new abilities to track wound healing or deterioration.

The Swift Skin and Wound app uses photography to help measure, assess, and track wound healing by allowing direct comparisons of the baseline assessment and each assessment completed thereafter. With appropriate use and uptake, the app will improve patient outcomes by reducing the amount of time patients are on service with ParaMed through utilizing standardized procedures. Swift technology presents a unique opportunity for improved wound monitoring leading to earlier intervention upon wound deterioration.

**P6**

**In your health and your nursing practice, where do you find hope and strength?  
How does your faith help you?**

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Nurses Christian Fellowship Canada, Markham, Canada

**Abstract**

Nurses Christian Fellowship Canada (NCFC) is a healthcare faith community which encourages nurses to integrate their faith with their nursing practice, to positively impact the wellbeing of their clients/patients, their families, and colleagues; by providing hope and strength through their Christian faith. The support that NCFC provides impacts the healthcare system directly through a stronger and more resilient work force.

NCFC provides a platform for the sharing of professional experiences through testimonials, about the relationships between faith, hope, illness and wellness. Although this data is subjective, it is worthy of further research. In stories, we hear of feelings of helplessness, contrasted with feelings of strength; hopelessness vs hope and possibility.

With the increasing rate of health care worker burnout, how can nurses meet more demanding schedules? the complex needs of their patients? NCFC supports the Christian nurse wholistically, taking into account the nurse's spiritual needs. Faith is a resource that strengthens and protects nurses; strengthens and encourages clients.

The presentation will provide insight into NCFC, it's vision, mission and strategies that support nurses, as well as its collaboration with other organizations. We will discuss how providing care through the lens of faith promotes and facilitates wholistic health for both nurse and client. We believe that you will have a better understanding of how finding hope and strength through faith can help you on your own personal journey as a nurse.

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**Abstract Book**

*Abstract are sorted by presentation type. For the latest version of the program, please consult the online interactive program at <https://bit.ly/CHNC2024program>*

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