

The Role of the  
**Public  
Health Nurse**  
within the  
**Regional Health Authority**

Manitoba  
Health



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# Contents

<b>Introduction</b>	<b>3</b>
<b>Paradigm Shift From Illness to Health</b>	<b>4</b>
<b>Public Health Nursing is Integral to Regional Health Services</b>	<b>5</b>
<b>Public Health Nursing – An Overview</b>	<b>7</b>
<b>Public Health Nursing Exemplifies The Provincial Paradigm Shift</b>	<b>8</b>
<b>Health Promotion, Illness Prevention and Health Protection</b>	<b>9</b>
<b>Role of the Public Health Nurse in the Delivery of Core Services</b>	<b>11</b>
<b>Health Promotion</b>	<b>12</b>
<b>Prevention</b>	<b>13</b>
<b>Health Protection</b>	<b>14</b>
<b>Outcomes of PHN Services</b>	<b>15</b>
<b>Conclusion</b>	<b>15</b>
<b>References</b>	<b>16</b>
<b>Appendix A</b>	<b>17</b>



# Introduction

This document describes the role of public health nursing within Manitoba's Regional Health Authorities. Health promotion, illness prevention and health protection are core services of the Regional Health Authorities and core functions of the public health nurse. This paper illustrates how public health nursing practice exemplifies the provincial paradigm shift which focuses on:

- the broad determinants of health,
- equity of health,
- intersectoral approaches,
- health rather than an illness system,
- partnerships with the community,
- investments in health promotion and disease prevention, and
- evidence-based health outcomes.

In addition to discussing the paradigm shift from illness to health, this paper will also address the following areas:

- Public Health Nursing is Integral to Regional Health Services
- Public Health Nursing - An Overview
- Public Health Nursing Exemplifies the Provincial Paradigm Shift
- Health Promotion, Illness Prevention and Health Protection
- Role of Public Health Nursing in the Delivery of Core Services
- Outcomes of Public Health Nursing Services

# Paradigm Shift From Illness to Health

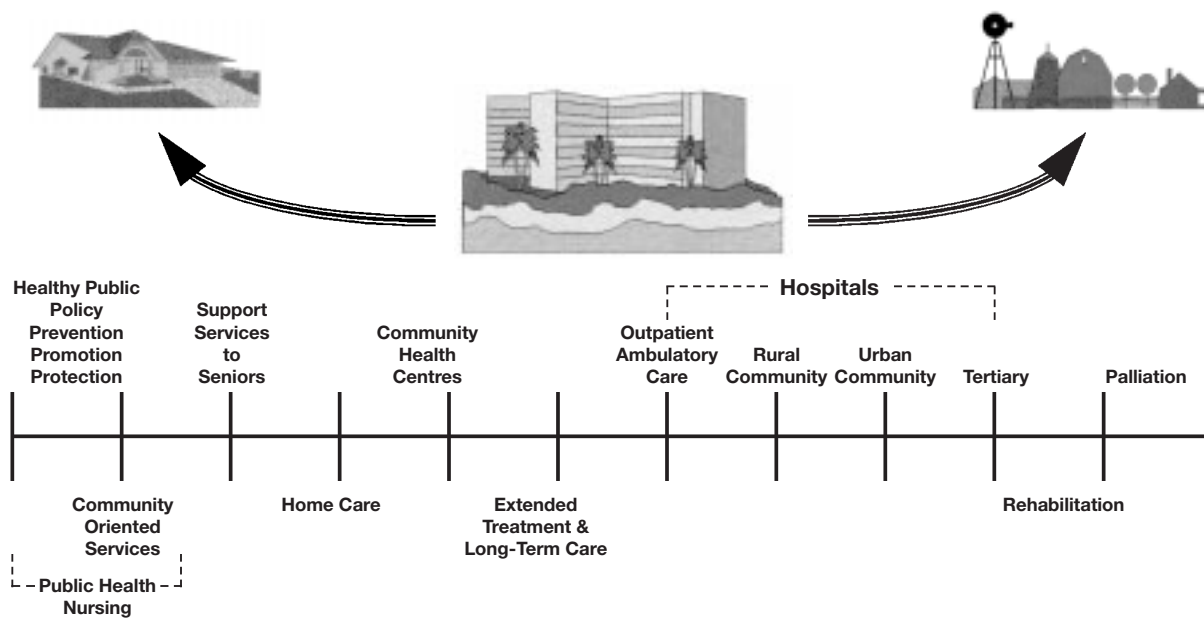
Health is a resource for life, not the object of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities (World Health Organization, 1986). The new view of health demands a funding and resource revolution from an illness focus to a balanced resource allocation for wellness. This resource shift is not likely to occur without controversy and confusion because of the persistent belief that health is the absence of disease or illness. There is growing awareness of the many determinants of health, most of which are entirely outside of the current health sector.

All communities have highly variable and unique strengths and health needs. The Regional Health Authorities (RHAs) will provide solid foundations for service and staffing decisions to support the move to “health” oriented care based on ongoing community health assessments and the core services as defined by Manitoba Health.

The following chart is a graphic representation of where public health nursing services predominate within the continuum of regional health services.

## Health Continuum

Restructuring the system towards a more appropriately balanced continuum of services



(Adapted from *Quality Health for Manitobans: The Action Plan*, 1992)

# Public Health Nursing is Integral to Regional Health Services

Key elements of the role and function of the public health nurse (PHN) within the regional health structure:

- Core PHN services are delivered within a community-based framework.
  - Community-based services are driven by the needs and resources of the community and its neighbourhoods. PHNs assess communities on a daily basis while working with individuals, families and groups in the neighbourhood, schools, workplaces and homes.
- PHNs are community leaders.
  - PHNs work with community groups, negotiate partnerships and build collaborative initiatives. They are well positioned to manage the delivery of a wide variety of services within a restructured system.
- PHNs are effective members and often leaders of interdisciplinary and intersectoral teams.
  - Through recognition of the importance of the determinants of health, PHNs develop integrated approaches to address health issues. It is through interdisciplinary and intersectoral linkages within communities that PHNs affect the determinants of health.
  - PHNs are community and public health experts. PHNs can readily provide leadership to a team of community practitioners (e.g., audiologists, health educators, physicians, health inspectors, peer outreach workers).
- PHNs can be integral members of neighbourhood resource networks and community nurse resource centres.
  - Community nurse resource centres (CNRCs) and PHN services are complementary. PHN services share four central components of CNRCs : primary health care, community development, education and outreach, and research. Both PHN and CNRC services are based on community assessment of needs and assets, and include evaluation components.
  - PHN services differ in that they include those services mandated under the Public Health Act (i.e., communicable disease prevention and control).

- PHNs must continue to have provincial, national and international linkages.
  - These linkages allow PHNs across the country to learn from, and provide direction regarding the broader implications of policy and to develop common strategies. These linkages reduce duplication in effort, human and fiscal resources (e.g., trends in emerging communicable diseases, other epidemiological issues, community development, school health and healthy child development).
  
- Public health nursing services are directed to the general population with priority given to high-risk populations.
  - For maximum effectiveness, **illness prevention** efforts are targeted to identify and intervene with those who are at high-risk of injury or illness.
  - While **health promotion** is relevant to everyone and to all communities regardless of risk status, it may be most effective to target health promotion resources to those populations which have the poorest health status.
  - Some **health protection** services apply to high-risk groups while others apply to the general population.
  
- Public health nursing services should be provided by designated PHN positions separate from other nurses based in the community.
  - A health promotion and illness prevention focus is very different from an illness treatment and care model such as home care and palliative care. Some persons currently classified as public health nurses in collective agreements may have functions different or in addition to those identified in this document (e.g., long-term care, home care).
  - An illness prevention, health protection and health promotion focus needs to be kept as a priority for all communities. As we shift into an integrated health care model we need to ensure that illness care and treatment demands do not rob the community of its ability to address long-term investments in health.
  - Research demonstrates that long-term investments in health provide financial savings and personal and community health gains.



# Public Health Nursing – An Overview

Public health nursing focuses on the health of entire populations or communities. PHN services are provided to individuals and families within the context of the health of the larger community. *PHN expertise is in the promotion and protection of health and the prevention of disease.* PHNs understand that the health of individuals and communities directly relates to the determinants of health such as housing, income, employment, education, sanitation and safety.

PHN practice aims to improve the health of all people and minimizes health differences among populations by addressing determinants of health. PHNs understand that equity is a key aspect of the determinants of health.

PHN is an organized system of practice which:

- synthesizes knowledge from public health sciences and professional nursing theory;
- is comprehensive and holistic in its approach;
- works with community members, other health care professionals, disciplines and sectors;
- promotes linkages between individuals, communities, the broader health system and other health determining sectors; and
- works with communities to develop specific services, programs and strategies (Adapted from – *Community Health-Public Health Nursing*, Canadian Public Health Association, 1990).

PHNs are generalist practitioners with expertise in areas such as communicable diseases, maternal-child and school health. PHNs deliver services within a community-based model. Services are driven by the needs and resources of a defined community. PHNs work with and not on communities.

PHNs have skills and experience in assessing community assets and needs, in planning and implementing community development strategies combined with a broad base of knowledge related to health and health determinants.

PHNs have a major responsibility for implementing legislated services to control health hazards and communicable diseases as found in The Public Health Act, the Food and Food Establishment Regulation and the Diseases and Dead Body Regulation.

PHN practice is client-centred and incorporates the strategies of empowering, enabling, advocating, co-operating and collaborating when working with individuals, communities and colleagues both with the health system and with other sectors (*Focus on Health*, Canadian Public Health Association, 1996).

PHNs take a long-term, investment-in-health approach. A focus on health and wellness, rather than illness, is the basis of all PHN work. PHN services are unique in that these contributions are offered comprehensively in an organized system of health care delivery.

The document *A Planning Framework to Promote, Preserve and Protect the Health of Manitobans* (1997) identifies the changed thinking that needs to be incorporated into planning and action. PHN approaches exemplify these suggested changes.

## Public Health Nursing Exemplifies The Provincial Paradigm Shift

<b>From</b>	<b>To</b>	<b>Public Health Nursing Approaches</b>
Focus on health services	Focus on health and broad determinants of health	Holistic focus on health and broad determinants of health.
Inequity of health	Equity of health	Assess need, identify, and advocate for appropriate resources and services for those at highest need and risk. Reduce barriers by providing flexible and accessible services.
Responsibility of Manitoba Health	Intersectoral approach	An integrated approach emphasizing intersectoral partnerships and multi-disciplinary linkages within communities.
Illness care system	Health system	Focus on health gains (improvement in determinants of health) of individuals within the context of communities and society/population at large.
Reliance on government	Partnership with community	Support and mobilize community participation to identify health issues, define strategies, develop solutions and to be involved in delivery and evaluation initiatives.
Short-term action	Investment in health promotion, disease prevention	Invest in long-term promotion and protection of health, and prevention of disease for the entire community. Legislated mandate reinforces this.
Service provider-driven	Focus on health outcome, research evidence-based	Health outcomes are determined by quantitative and qualitative research, including epidemiology, surveys, social research and community assessments.

# Health Promotion, Illness Prevention and Health Protection

Health promotion, illness prevention and health protection are core services of RHAs and core functions of the PHN (Backe, 1996). Health protection addresses the environment to limit health risks and maximize health benefits. Illness prevention is concerned with avoiding the development of health problems in those who are susceptible or potentially susceptible.

A brief description of health promotion follows because it is a cornerstone of public health practice. All of these concepts are central to the PHN role.

## Health Promotion

PHNs provide the leadership in health promotion. Health promotion is the process of enabling people to increase control over, and to improve their health. Health promotion:

- involves *the population as a whole* in the context of everyday life, rather than focusing only on at-risk people;
- is directed toward *action on the determinants or causes of health* (e.g., food security, parenting skills, self-care skills, social support);
- combines *diverse, but complementary, methods or approaches* including communication, education, legislation, fiscal measures, organizational change, community development and spontaneous local activities against health hazards;
- aims particularly at effective and concrete *public participation*;
- is basically *an activity in the health and social services fields*, and not a medical service. Health professionals, particularly in primary health care, have an important role in nurturing, enabling and practicing in health promotion.

(Adapted from – *Ottawa Charter for Health Promotion*, World Health Organization, 1986)

## **Health promotion action implies acting on the determinants of health by:**

### **1. Building healthy public policy**

Health must be put on the policy agenda of all sectors and at all levels, directing policy makers to review the health consequences of all decisions.

### **2. Creating supportive environments**

The inextricable links between people and their social (e.g., culture, community), spiritual and physical environments constitutes the basis for a socio-ecological approach to health.

### **3. Strengthening community action**

Health promotion works through concrete and effective community action. Strategies include community work in setting priorities, making decisions, planning and implementing them to achieve better health.

### **4. Developing personal skills**

Health promotion supports personal and social development through providing information, education for health and enhancing life skills (e.g., parenting skills, perinatal self-care skills, group leadership, maintaining healthful choices).

### **5. Reorienting health services**

The responsibility for health promotion in health services is multi-sectoral and shared among individuals, community groups, health professionals, health service institutions and all levels of government.

(Adapted from World Health Organization, *The Summary of the Working Group on Concepts and Principles of Health Promotion*, 1984)

# Role of the Public Health Nurse in the Delivery of Core Services

RHA boards will make decisions about how to deliver the core services listed in the document *Core Health Services in Manitoba* (1997). The following table identifies the listed core services in health promotion, illness prevention and health protection. Many PHN services can be listed under all three categories. To avoid redundancy, each PHN service is listed only once.

## HEALTH PROMOTION

- Build Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Action
- Reorient Health Services
- Develop Personal Skills

## PREVENTION

- Reproductive & Family Health
- Sexual Health
- Prevention of Chronic Illness
- Nutrition/Food Security
- Mental Health

## HEALTH PROTECTION

- Communicable Diseases
- Protection from Injury
- Environmental Health
- Emergency Health

A detailed description of PHN services in each of these core service areas follows.

# HEALTH PROMOTION

## ***Build Healthy Public Policy***

### **Goal**

Public policy is developed consistent with improvements in the determinants of health.

### **Services**

- Encourage and support community-based advocacy for healthy public policy at all levels and in all sectors (e.g. justice, education, housing, social services, recreation).
- Direct advocacy for healthy public policy.
- Educate and encourage decision makers in all sectors and at all levels to participate in the development of healthy public policy.
- Foster partnership with community decision makers to evaluate public policy.

### **An Example of Service**

PHNs work with communities to advocate for smoke-free public buildings.

Outcome: Ninety per cent of public buildings are smoke free.

## ***Create Supportive Environments***

### **Goal**

Community members live in healthy social, emotional, spiritual, physical and ecological environments.

### **Services**

- Assess and directly act on the factors affecting health in the community's social, emotional, spiritual, physical and ecological environment.
- Encourage and participate in health promoting initiatives with other communities and sectors.
- Increase awareness of the ecological and social environments affecting the health of individuals, families, groups or communities. Encourage and support related action.

### **An Example of Service**

PHNs work with communities to develop strategies to promote safe environments for children.

Outcome: The number of latch-key children under 12 is reduced by 10 per cent.

## ***Reorient Health Services***

### **Goal**

Responsibility for the determinants of health is shared among individuals, community groups, health professionals, health service institutions, all levels of government and all sectors, including justice, health, education, business, housing, social services and recreation.

### **Services**

- Primary role in community assessment. Provide consultation with decision makers (e.g., RHA management and board) regarding community strengths and needs as a foundation for health care decisions.
- Promote responsible and effective use of the health care system and community resources.
- Refer individuals, families, groups and communities for appropriate service.
- Engage other sectors in addressing the determinants of health.

### **An Example of Service**

PHNs work with a community to reorient speech and language services from a facility to accessible community locations based on a partnership among health, education and community members.

Outcome: A 5 per cent increase in early identification and intervention for preschool children with speech and language problems.

## ***Strengthen Community Action***

### **Goal**

Community members are actively involved in achieving health.

### **Services**

- Mobilize individuals, families, groups and communities to take individual and collective action on the determinants of health in the contexts in which they live, learn, work and play (e.g., schools, workplaces, homes, economic and social environments).
- Develop and support community-based and self-care services in which community members have ownership and an active role.

### **An Example of Service**

PHNs work with a community to identify their assets and needs, determine priority issues, develop strategies and take action

Outcome: An active 'Healthy Community' network is established.

## ***Develop Personal Skills***

### **Goal**

Community members will make effective choices to attain an optimal level of physical, emotional, spiritual and social development.

### **Services**

- Mobilize individuals to take individual and collective action on the determinants of health.
- Provide information regarding choices.
- Counsel and facilitate healthy choices.

### **An Example of Service**

PHNs facilitate "Nobody's Perfect" parenting sessions for teen mothers and fathers.

Outcome: All parents involved in the parenting program have identified an improved understanding of early childhood development.

# PREVENTION

## **Reproductive and Family Health**

### **Goal**

Individuals and families will have healthy pregnancies and children.

### **Services**

- Reproductive health education, counselling and provision of supplies (e.g., sexuality, family planning, infertility).
- Preconceptual and prenatal education and support.
- Antenatal monitoring and support for high-risk pregnancies.
- Assessment and follow-up during newborn and postpartum period (including postpartum stress and depression, perinatal loss).
- Promote, assess and support breast-feeding.
- Parenting education and support for families (e.g., “Nobody’s Perfect”, “Ready or Not” parenting programs).
- Assessment and education of infant growth and development.
- Health counselling and support for parents.
- Child abuse prevention, identification and education.
- Support to family resource centres.
- Participate in adolescent health clinics.
- Pregnancy counselling.
- Outreach, advocacy, support and referral to individuals and families at high risk.
- Develop resources.
- Participate in research into reproductive and family health.
- Plan, monitor and evaluate regional programs.

### **An Example of Service**

PHNs provide outreach to young women and their peer groups who regularly use alcohol and other teratogenic drugs.

Outcome: Decreased numbers of alcohol/drug exposed/affected infants.

## **Sexual Health**

### **Goal**

Community members will integrate the physical, emotional, intellectual, and social aspects of their sexuality.

### **Services**

- Educate, counsel, advocate, and refer individuals, families and at-risk groups regarding relationships, communication, sexual decision making and behaviour, sexual orientation, personal safety and sexually transmitted infections.
- Promote healthy self-esteem (body image, eating disorders, weight management, steroid use).
- Develop resources.
- Research and surveillance regarding sexual health.
- Plan, monitor and evaluate regional programs.

### **An Example of Service**

PHNs participate in school family life education.

Outcome: Students will have an increased knowledge about growth and development related to their reproductive system.

## **Prevention of Chronic Illness**

### **Goal**

Chronic illness is prevented, reduced or eliminated.

### **Services**

- Identify and remove/remediate risks for chronic illness.
- Develop program and policy to reduce rates of chronic illness.
- Educate, counsel, refer and support individuals, families and groups regarding lifestyle choices.
- Provide education regarding substance abuse prevention.
- Early identification through screening (e.g., PKU, blood pressure).
- Develop resources.
- Research and surveillance to prevent chronic illness.
- Plan, monitor and evaluate regional programs and rates and risks of chronic illness.

### **An Example of Service**

PHNs promote community participation in eliminating the factors that contribute to acute asthma attacks.

Outcome: Reduce emergency utilization by 25 per cent for acute asthma attacks.

## **Nutrition / Food Security**

### **Goal**

Communities will act to ensure individuals and families have access to nutritionally adequate and safe food.

### **Services**

- Provide education and resources related to individual and family nutrition.
- Facilitate community strategies regarding food security (e.g., community kitchens, kids cooking clubs, food safety).
- Advocate for community supports and services.
- Outreach to and referral for individuals, families and groups at risk for nutritional deficits.
- Develop resources.
- Research and surveillance about nutrition and food security.
- Plan, assess and evaluate regional nutrition/food security issues and initiatives.

### **An Example of Service**

PHNs promote activities and practices to reduce iron deficiency anemia in infants.

Outcome: A 20 per cent reduction in nine-month-old infants with iron deficiency anaemia.

### **Mental Health**

#### **Goal**

Community members will have personal supports and coping skills to function effectively in everyday life.

#### **Services**

- Provide information, support, counseling and resources related to life transitions, self-esteem, assertiveness, decision making, communication, relationships, coping and stress management.
- Identify, counsel and/or refer for depression and suicide risk.
- Assess, counsel and/or refer for weight preoccupation, obesity, body image and eating disorders.
- Support and link those with chronic illness to appropriate resources.
- Provide crisis intervention and trauma postvention services.

- Identify, support, advocate and/or refer those persons who are unable to function in their own environment.
- Promote the recognition and development of interpersonal supports.
- Develop resources.
- Research and surveillance about mental health issues.
- Plan, monitor and evaluate regional programs.

#### **An Example of Service**

PHNs identify, counsel and/or refer suicidal adolescents in the community.

Outcome: Reduction of adolescent suicidal behaviour and deaths by 10%.

## **HEALTH PROTECTION**

### **Communicable Disease Prevention**

#### **Goal**

Communicable disease is prevented, reduced or eliminated (e.g., sexually transmitted infections, tuberculosis, rabies, food-borne illness, infectious hepatitis).

#### **Services**

- Manage, control and prevent communicable disease and outbreaks.
- Plan, co-ordinate, deliver, monitor and evaluate immunization programs.
- Provide education and resources to prevent, detect and treat communicable diseases.
- Work with Manitoba Health regarding communicable disease prevention, management and control.
- Develop resources.
- Research and surveillance about communicable disease.
- Plan, monitor and evaluate regional programs.

#### **An Example of Service**

PHNs provide a public health response to a meningitis outbreak.

Outcome: No new meningitis cases related to the index case.

### **Environmental Health**

#### **Goal**

People are safe from biological, chemical, environmental and social hazards.

#### **Services**

- Facilitate community participation to advocate for safe and healthy environments.
- Provide education regarding environmental issues and hazards.
- Participate in the monitoring and investigation of chemical, biological and social hazards.
- Develop resources.
- Research and surveillance regarding environmental health issues.
- Plan, monitor and evaluate regional programs.

#### **An Example of Service**

PHNs promote the use of sun screen and hats to decrease sunburn.

Outcome: Decreased number of emergency room visits for sunburns and heat strokes.

### **Protection from Injury**

#### **Goal**

Injuries are reduced or eliminated.

#### **Services**

- Advocate for program and policy development for safer environments.
- Injury investigation and follow-up.
- Participate in the identification and removal/remediation of injury risks.
- Participate in research regarding injury protection/prevention.
- Participate in injury investigation and follow-up.
- Develop resources.
- Research and surveillance about injuries.
- Plan, monitor and evaluate regional program

#### **An Example of Service**

PHNs facilitate community planning and strategies to reduce injuries among children and adolescents.

Outcome: Removal and replacement of unsafe playground equipment.

### **Emergency Health**

#### **Goal**

Minimize community morbidity and mortality related to disasters and emergencies.

#### **Services**

- Participate in the development and implementation of the emergency response plan.
- Facilitate provision of services for identified health and social issues.
- Prevent, monitor potential for, and control the spread of communicable disease.
- Provide crisis intervention and trauma postvention services.
- Provide immediate and post-disaster emotional support for individual, families and communities.
- Provide timely communication to the public (e.g., health information lines).
- Recruit and mobilize community members to provide mutual support.
- Develop resources.
- Related research.
- Plan, monitor and evaluate regional programs.

#### **An Example of Service**

Public health nursing response to massive flooding.

Outcome: No major outbreaks of communicable diseases. Community members are aware of the potential injury risks.



# Outcomes of PHN Services

Health service outcomes and their indicators can be related directly to the client, the determinants of health or the health service delivery system itself. PHN outcomes can be measured by using:

## ■ Traditional Health Status Indicators

- natality (number of births)
- mortality (number of deaths)
- morbidity (disease and disabilities)

## ■ Quality of Life Indicators

- feelings (subjective sense of well-being)
- functions (ability to function)
- futures (prognosis for future “feelings” and “functions”)

## ■ Determinants of Health Indicators

- social, economic and cultural environment
- behavioural and lifestyle
- ecological and physical environment

■ **Structure, process and output indicators** can be used as health service outcome indicators if:

- they are relevant to the stated goals and objectives of the service;
- they were intentionally or unintentionally changed by the service;
- the change in structure, process or output indicators is associated with change in some other indicator of the service.

(Adapted from *Outcome Indicators: A Users Guide*, CHIS Secretariat, 1994)

## Conclusion

Public health nurses play a significant role in improving the health status of communities in Manitoba. The health of the public can be maintained and improved through changes to the institutional sector and support for health promotion, health protection and disease prevention. Restructuring of the health care system will be successful only if there is a sustained investment in health. The challenge for regional health authorities is to support the shift from an illness to a health focus.

## References

Backe, Horst. *Public Health Nursing Services in Rural and Northern Regional Health Authorities: Policy Options for Boards*. Unpublished Paper. Winnipeg: 1996

Canadian Public Health Association. *Community Health – Public Health Nursing in Canada: Preparation and Practice*. Ottawa: 1990.

Canadian Public Health Association. *Focus on Health: Public Health in Health Services Restructuring*. Ottawa: 1996.

Community Health Information Systems Working Group, Policy and Consultation Branch, Health Canada. *Outcome Indicators : A Users Guide*. Ottawa: 1994.

Manitoba Health. *A Planning Framework to Promote, Preserve and Protect the Health of Manitobans*. Winnipeg: 1997.

Manitoba Health. *Quality Health for Manitobans: The Action Plan*. Winnipeg: 1992.

Northern/Rural Regionalization Task Force, Manitoba Health. *Core Health Services in Manitoba*. Winnipeg: 1997.

World Health Organization. *The Summary Report of the Working Group on Concepts and Principles of Health Promotion*, Copenhagen, 9-13 July 1984. ICP/HSR 602 (m01): 1984.

World Health Organization, Health and Welfare Canada & Canadian Public Health Association. *Ottawa Charter for Health Promotion*. Ottawa: 1986.

# Appendix A

## Qualifications and Competencies of the Public Health Nurse

(*Community Health-Public Health Nursing in Canada*, Canadian Public Health Association, Nov. 1990)

### A. Qualifications

A baccalaureate degree in nursing is essential for beginning practice.

### B. Competencies

Public health nurses require a broad range of competencies to be effective in their role.

#### 1. Knowledge

The public health nurse must have a sound base in nursing theory, art and science as well as in public health. This includes knowledge of:

- nursing theories and the art and science of nursing;
- public health and related sciences such as epidemiology, environmental health, biostatistics and communicable disease control;
- the determinants of health;
- primary health care;
- the liberal arts and sciences;
- public policy, management and program development;
- community development process;
- program and public policy evaluation;
- relevant legislation and regulations;
- professional boundary practice, recognizing local mandates, legal and ethical requirements;
- cultural awareness;
- health care systems and their organizations;
- major international health issues and problems;
- information systems and other advanced technologies;
- research methods, current research and its utilization; and
- outcome evaluation.

#### 2. Skills

In the performance of the role of the public health nurse, the following skills are used:

- community assessment, diagnosis and related planning;
- client (individual, family and group) health assessment, diagnosis and related planning;
- conducting and analyzing research;
- outreach;
- building on strengths and assets of individuals and communities;

- involving community members in decisions affecting health;
- advising, teaching and consulting;
- technical procedures such as immunization;
- supportive counselling/crisis counselling;
- team building;
- group facilitation, including conducting meetings;
- written or verbal communication with individuals, groups in various settings;
- conflict management;
- adaptation of techniques, approaches and procedures as necessary to the setting and circumstances;
- decision-making using the nursing process and taking into account ethical aspects;
- adapting programs and services to meet diverse needs;
- management, administration;
- community responsive program planning, development, implementation and evaluation;
- advocacy for community, groups, families and individuals including involvement in community development, community organization and in the political process; and
- policy development.

### **3. Attitudes and Professional Qualities**

In the performance of their role, public health nurses are:

- comfortable working in an unstructured environment and receptive to appropriate change;
- open to collaborative decision-making with clients, colleagues and other professionals;
- oriented toward wellness rather than illness and toward prevention rather than treatment;
- able to respond appropriately to groups with diverse cultures and languages;
- self-directed and motivated to take responsibility for their own learning and apply this to program initiatives;
- prepared to take calculated risks based on sound judgement to promote change;
- committed to share with clients only accurate and current knowledge and information;
- able to judge the relative importance/urgency of health status information gained through data collection and analysis; determine appropriate timing and extent of nursing intervention; identify need for referral and involve clients in this decision;
- willing to seek assistance/advice when necessary; and
- committed to equity and social justice.