

Nursing Perspectives on Public Health Programming in Nunavut

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Introduction

The creation of Nunavut in 1999 and devolution of regional health boards in 2000 brought about many changes to the infrastructure supporting all health programs. Much of the coordination of public health programs was lost as experienced managers and staff took up new positions or left the territory. At this time, regional and territorial support for public health programming consisted of support for immunization programming, communicable disease outbreaks, and little more. Over the past three years, many Health Centres and Public Health Offices have no longer reported to regional supervisors who have public health experience.

In the absence of a functional information system, the Department of Health and Social Services had no real knowledge of the outputs from public health programs other than those from communicable disease control. It was decided in September 2002 that an audit would be done of some of the public health programs as a prelude to setting goals and objectives for health care providers in Nunavut. Nurse Managers and Public Health Nurses were asked to participate in structured telephone interviews and written questionnaires to provide qualitative information on the Infant and Child, School, Maternal and Adult Health Programs.

Methods

Data collection for this project was accomplished with the 'SWOT' technique. This method was used to ask questions and gather suggestions about various facets of Public Health programs. We developed written surveys and telephone interview questions that focused on the Strengths and Weaknesses of the programs, Opportunities for improvement, and Threats facing public health programs in Nunavut. Due to the current absence of a functional information system, we also collected estimates of program outputs.

Health Centres and Public Health Offices were asked to participate both in the written and telephone components of the project. The first round of data gathering (SWOT 1) occurred in December 2002 and discussed general staffing and program themes, as well as the Infant and Child Health, and Maternal Health Programs. The second round of data collection (SWOT 2) occurred in June 2003 and examined the School Health Program and the Adult Health Program. The telephone and written tools used in data collection are included as Appendices 3-6.

Each community was asked to participate in both rounds of the SWOT surveying. A health care provider from all communities participated in at least one of the four telephone or written surveys. In communities with both a Public Health Office and a Health Centre (Cambridge Bay and Rankin Inlet), a representative from either office participated, depending on who delivers the programs. Overall, 82% of communities participated in the SWOT 1 surveys, and 78% of communities participated in the SWOT 2 surveys.

In most cases, Nursing Managers responded on behalf of the Health Centre, although in some cases the Acting Nurse or another designate participated on their behalf. Public health nurses participated on behalf of Nunavut's three Public Health Offices. A detailed description of who participated can be found in the community participation table in Appendix 1. All rate estimates were calculated from census data in Appendix 2.

The data gathered from each round of collection was compiled in Excel and Access databases. Information from the written and telephone tools were compared and assessed individually. Overall themes were extracted from the data and reflect the responses of survey and interview participants. Each theme in this report is substantiated by statistics and collated data from respondents. Accompanying each of the themes are paraphrased quotations from the telephone interviews.

It is important to note the limitations of this report. Nurse Managers and Public Health Nurses are best situated to estimate program outcomes and community receptivity to programs, and at present, their responses are the best substitute for hard data generated from information systems. Nevertheless, this report is the first attempt to understand the environment in which public health programming is delivered, and to portray what is currently known about public health program outputs in Nunavut.

Section 1: General Staffing Themes

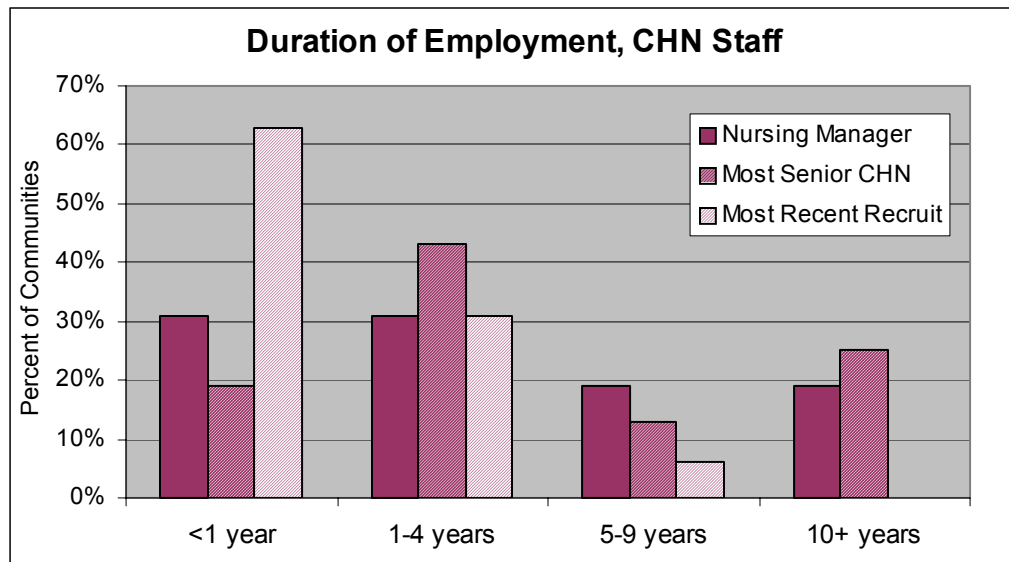
“Having so many casual nurses is a problem, because they can’t be involved on a long term basis with the programs. Continuity in patient care and education is crucial to our success.”

“A committed and experienced nursing staff is the most important resource we could ask for.”

“The CHRs are so important because they can provide the link between us and the community – this cultural link is vital to the success of any program.”

1.1 Despite having some long term, committed nurses, there is a high level of nursing transience.

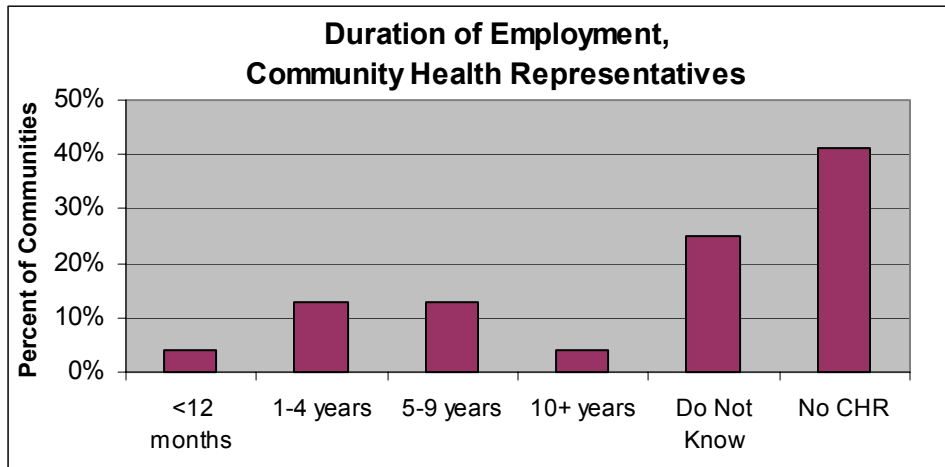
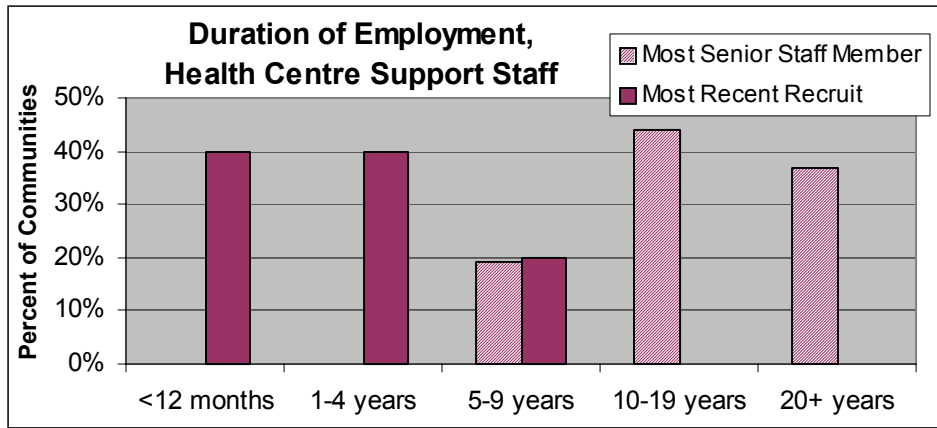
- Nurse Managers report that 50% of Health Centres do not have stable community health nurse (CHN) staffing.
- In over 30% of Health Centres, the Nurse Manager has been in place for 1 year or less.
- In nearly 20% of Health Centres, the most senior CHN has been in the position for a year or less.
- In over 60% of Health Centres, the most recent CHN recruit has been in the position for a year or less.



While data was not collected for all nurses, it would seem that most stay for under four years.

1.2 Many Health Centres have some long-term, committed support staff.

- 75% of Nursing Managers identify staffing stability among their clerk interpreters and receptionists.
- 80% report having a support staff member that has been in place over 10 years.
- Of the nearly 60% of communities that have a CHR, almost 30% have been in place over 5 years.



Support staff provide continuity in the Health Centre.

1.3 Larger communities tend to have more stable staffing.

- 40% of Health Centres in small* communities experience CHN stability, while this figure is almost 70% for large** communities.
- 60% of Health Centres in small communities experience support staff stability, while this figure is 100% for large communities.

*small communities are those with a population less than 1000 people – see Appendix 2.

**large communities are those with a population over 1000 people – see Appendix 2.

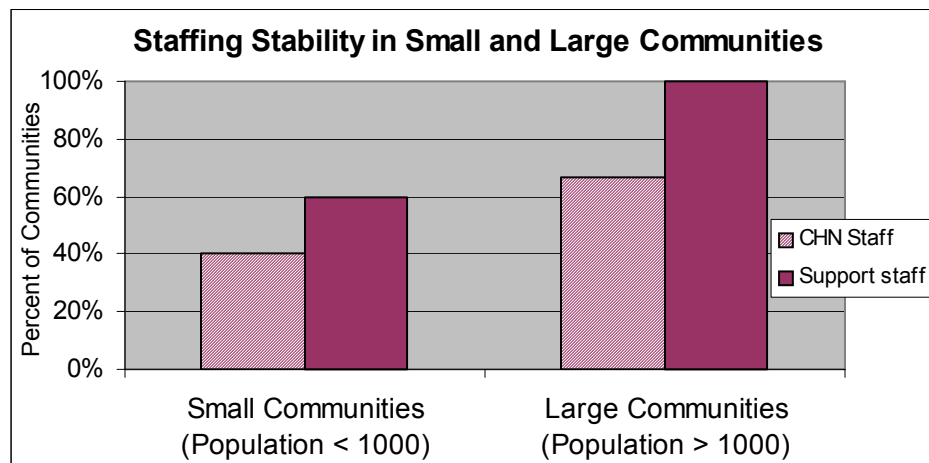
“We have a community based support staff that are really well respected by the community – people respond well to their phone calls and radio messages.”

“Indeterminate nurses and CHRs are a huge asset to the community. People gain comfort and are able to do more after being a part of the community for a longer time.”

“Long term staffing must be a priority.”

What is it about large communities that leads to staffing stability?

Is it because there are more opportunities for staff, such as professional development, or because there is a greater number of staff, which allows for time off?



“Human resources are the most important element, and it’s hard to provide the optimum service without enough staff.”



“With respect to the Health Centres, the medical side is always going to come first. If a small community has one nurse that just does Public Health, they’ll inevitably be pulled into acute care. Adequate staffing is the most important thing, and then all aspects of care can be met.”



“It depends on the size and needs of the community. For our center another well-rounded nurse would be ideal.”

1.4 Insufficient staffing in Health Centres is a barrier to the delivery of Public Health Programs.

- 95% of Nurse Managers report that they could better meet the goals of Public Health Programs with more staffing and resource support.

1.5 Many nurses have public health experience.

- 70% of Nurse Managers have had public health training.
- 60% of Nurse Managers have had public health working experience.
- 80% of Health Centres have at least one CHN that has had public health training.
- Over 85% of Health Centres have at least one CHN who has at some time worked exclusively as a public health nurse.

Nunavut is not wanting for public health nursing expertise at the field level.

1.6 In recruiting efforts, Nurse Managers emphasize the need for nurses with public health experience.

- 100% of Nurse Managers indicate the need to hire more nursing staff with a background in public health.

1.7 While Nurse Managers from large communities desire a designated Public Health Nurse, most from small communities do not.

- Approximately 75% of Nurse Managers indicate the need for a full time Public Health Nurse.
- Nurse Managers from small communities indicate that all nurses have to be fluent in the dual nurse practitioner / public health functions. Some respondents identify that there is insufficient work for a full time PHN in their community, and that all CHNs must be comfortable covering after hours practitioner duties.

The public health skill set is valued in Nunavut, but the reality at existing staffing levels is that most nurses must be generalists.

1.8 Nurse Managers from some large communities see the need for a designated Midwife for the Maternal Health Program, while most Nurse Managers from smaller communities do not.

- Nurse Managers from a few large communities indicate that their volume of prenatal clients requires a full time Midwife. Most nurses desire midwifery skills for antenatal care, but not at the expense of each CHN fulfilling the generalist role.

1.9 Many Nurse Managers voiced concerns that a community with a designated midwife might be seen as a community with a Birthing Centre.

- Over 50% of respondents mention that they do not think that having a midwife translates into readiness to handle deliveries. Reasons include insufficient Health Centre staffing, inappropriate equipment, the non-availability of blood, and the distance to specialized medical care units.
- Many nurses are concerned that having a midwife in the Health Centre would cause women to want to stay in community to deliver.
- 30 % of Nurse Managers would like to see their Health Centre equipped and resourced for deliveries.

1.10 The Community Health Representative (CHR) role offers a great potential for public health programming that is not being entirely utilized in the communities.

- Nurse Managers identify that the CHR role as having considerable potential; however CHRs must be academically prepared, adequately supported, and supervised. Respondents in numerous communities indicate that these issues as a current concern with their CHR.
- Approximately 40% of communities do not have a CHR.
- Almost 90% of the current CHRs have had some formal training at some point in their career. 100% of Nurse Managers indicate that with more training, the CHR could be better utilized in public health programs.
- In terms of program involvement, 90% of the respondents who have a CHR in their community report that the CHR is at least somewhat involved in the Infant and Child Health program. This number is 75% for the School Health program, 65% for the Maternal Health program, and 100% for the Adult Health program.
- 95% of Nurse Managers mention specifically that they would like to see a CHR involved more in clinic and community education activities.

CHR support is underdeveloped and the CHR role is underutilized, but nevertheless valued in Nunavut.

“We all have to be generalists up here, because the volume does not warrant many specialists.”

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“Although 95% of the time, births are natural and easy, we don’t have the resources to cope with a problematic delivery. We don’t have blood products, or the resources for an emergency. Having a midwife would encourage more birthing in the communities.”

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“A functioning CHR who is trained and enthusiastic would take a lot of the PH burden off the nurses, and would really benefit the community.”

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“The CHRs need the education and support to be effective in their role.”

## **1.11 Staffing Themes at Public Health Offices**

There is a Public Health Office (PHO) in each regional centre – Cambridge Bay, Rankin Inlet, and Iqaluit.

In Iqaluit, the PHO is staffed with public health nurses (PHNs), Regional Communicable Disease (CDC) and Tuberculosis (TB) Coordinators, Community Health Representatives (CHRs), Clerks and other community-based health professionals. In Rankin Inlet and Cambridge Bay, the PHO has far fewer staff; typically a PHN Manager, an occasional second PHN, and a Regional CDC/TB coordinator, if the position is filled. In Cambridge Bay, the PHN delivers many public health programs in concert with the Health Centre staff, while the Rankin Inlet PHO is a stand-alone service in many respects.

The Public Health (PH) Managers are all relatively new at the job, having been in place between 9 and 16 months. However, all have worked as PHNs for extended periods - between 7 and 20 years. Additionally, Health Centres in Rankin Inlet and Cambridge Bay have professional staff with public health training and working experience. Staffing stability is reported in two out of the three regional centres, and all three currently have a Community Health Representative (CHR) at either the PHO or Health Centre. All report that staffing levels are insufficient for successful program delivery.

## Section 2: General Program Themes

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### 2.1 Some nurses feel they are receiving adequate support from regional and territorial levels of government.

- 35% of respondents feel they are receiving adequate support from the *regional* level, while 50% of respondents feel that they are receiving adequate support from the *territorial* level. Respondents describe the support they are receiving as a combination of telephone mediated support; immunization guidelines; memos and teaching material; occasional in-services; and financial support.
- 15% of respondents mention that participation in public health programs could be improved with the involvement of the regions and/or the territory in a public health campaign. Nurses indicate that in order to consistently screen for diabetes, hypertension, cervical cancer, and other concerns, the services need to be better promoted across the territory.

*Both regional and territorial support for public health programs is underdeveloped in Nunavut.*

### 2.2 Primarily, nurses would like to be supported through the provision of adequate staffing and material resources.

- 95% of respondents report that they could better meet the goals of Public Health programs if they were more supported in their work.
- All respondents indicate that support is insufficient in all or some of the following three areas: adequate staffing, material resources, and ongoing training and education.
- Many respondents suggest a role for a territorial resource centre to organize and disseminate teaching and other program materials to the communities.

### 2.3 Culturally specific, readily available, and comprehensive teaching materials are an important way to improve all Public Health programs.

- Many communities in Nunavut share specific health concerns, such as nutrition, dental hygiene, and mental health. Resources addressing chief concerns should be made available to all Health Centres, for use in clinics and the communities.
- Respondents indicate that it is imperative that all education resources be easy to understand, culturally appropriate and translated if they are to be effective teaching materials.
- Over 80% of respondents identify materials such as these as a primary way to improve all public health programs.
- 30% of respondents indicate that staff have resorted to creating their own teaching resources.

“Running the programs on less than full staff is really difficult – we’re always playing catch up, and ultimately programs suffer.”

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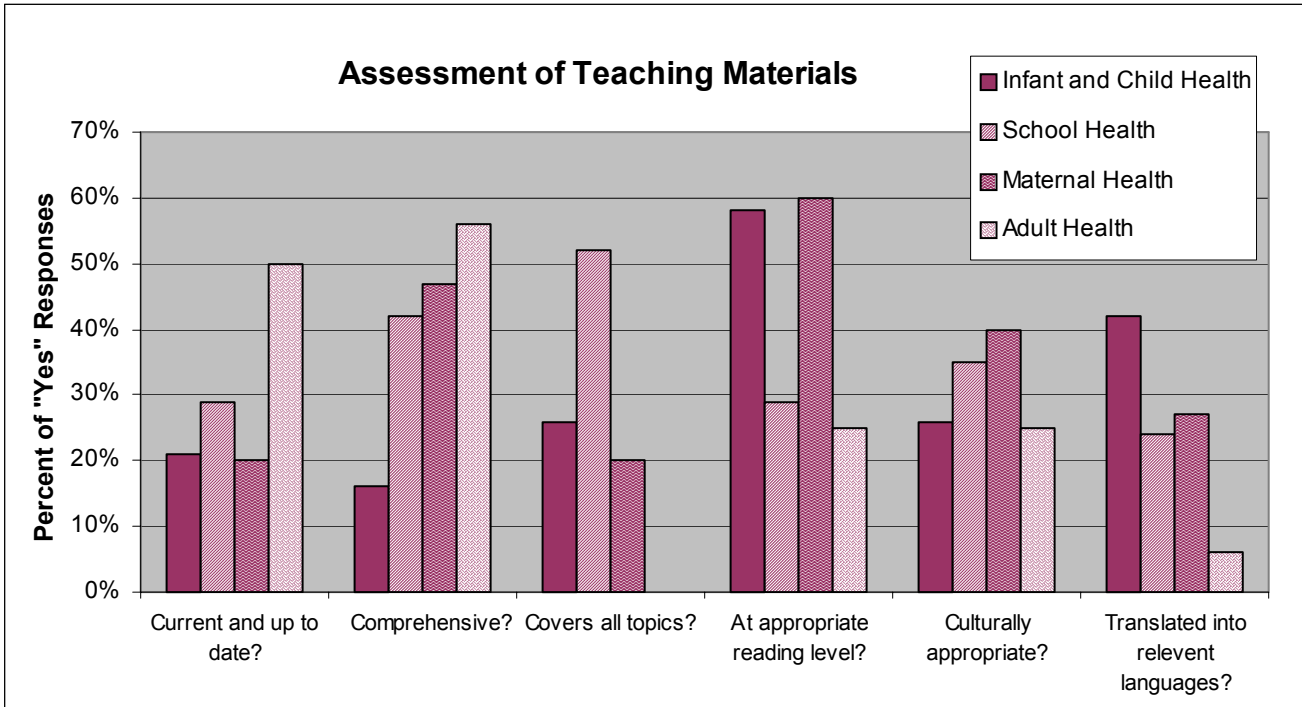
“We need to have a central hub to organize resource material and its distribution. Not only are resources insufficient, but they are not very accessible.”

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“The Nunavut Food Guide is a great example of how culturally appropriate, simple resources are a success in the communities.”

*Virtually all teaching materials need improvement.*

“Teaching props and models are really useful. In terms of written material, simple, translated posters, pamphlets and materials are key. We definitely don’t have enough.”



“The document is a good road map, but I think it needs to be more culturally specific.”

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“Nurses need to be more aware of the document. It needs to be incorporated better. Standards need to be customized to the individual community in order for them to be applied properly.”

2.4 The Community Health Nurse Program Standards document is not utilized on a regular basis.

- 50% of respondents were unfamiliar with the CHN standards document. Many of those that have seen it have perused it during orientation, but have not utilized it since.

The Community Health Nursing Standards document is a comprehensive statement of how communities were to achieve the goals of each Public Health Program. The Medical Services Branch commenced work on the standards commenced in the mid 1980’s and finalized in the early 1990’s The document include structural, process and outcome standards and templates to structure clinical interactions. The only components consistently operationalized are the templates.

2.5 There is little awareness of the Standards document.

- Of those respondents that were not familiar with the documents, many indicated or supposed that their Health Centre does not have a set.
- Over 90% of respondents who were familiar with the document feel the standards need to be continually evaluated and updated to reflect what is current in their practice.

2.6 There is little awareness of the existing policies and procedures manual.

- Many respondents are not aware of the policies and procedures manual, and consequently, do not use it in their practice. Some Health Centres have a variety of manuals, and do not know which one they should use.
- Over 40% of respondents make spontaneous mention to the need for implementing a territory wide policies and procedures manual for all public health programs.
- Nurses feel that such a manual is essential for continuity of care throughout the territory, especially given the high staff turnover. In addition, mandating public health goals with specific targets was identified as an important method of evaluating public health progress.
- Nurses need to be involved in the process of evaluating the standards documents and creating a policy and procedures manual.

There is a pressing need for implementation of an up-to-date comprehensive territory-wide policies and procedures manual for all public health programs.

2.7 Health Centre and Public Health Office Staff are not receiving adequate orientation and ongoing education.

- 95% of respondents identify a need for better orientation to public health programs.
- Almost 95% of respondents report that their staff are in need of more professional development.

Orientation and professional development are both crucial to achieving public health goals.

2.8 Using the Internet or Telehealth is an opportunity for professional development and program improvement that is inconsistently undertaken by nurses, due to lack of time.

- 70% of all respondents indicate that they have sufficient access to the Internet to support their practice. However, 60% of respondents identify that a lack of time to search for online or external resources is a major obstacle.
- Telehealth is considered a useful resource, or potential resource, especially for ongoing education and communication with other communities. To date, not all communities have access to Telehealth service.

“The whole territory should be operating under the same policies and procedures – consistency is crucial, especially given our high CHN transience.”

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“I’d like to see some mandated goals with specific targets to aim for.”  
“Ongoing training as it is now is extremely inadequate. One of the key factors in keeping nurses in the North is ongoing education.”

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“Having access to relevant journals would be a great way to keep nurses up to date.”

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“I find that the further north you go, the less information and updates you get.”

“Cooperating with other community groups is essential for community health. We have an interagency group that meets once a month to discuss issues and develop strategies to target community concerns, such as suicide.”



“The Health Committee is more of a complaint centre than anything else. They need to be encouraged to do more lobbying in the community for better health practices, and to support programs running in the community.”



“The key to involvement is that people need to be aware of the programs, and how participation can benefit them.”

## **2.9 Community partnerships are considered an opportunity to further the health of clients; however they are not fully taken advantage of.**

- 100% of all respondents identify community partnerships as an opportunity to further the health of clients.
- Over 30% of communities are currently running Brighter Futures, Canada’s Prenatal Nutrition and Aboriginal Headstart programs. The Health Centre may or may not be involved in the operation of these programs. For example, 80% of communities have a meal program for school children.
- Lack of community interest is the most common reason these programs were not running in every community. Staffing problems and lack of time are most frequently stated as the reason health centres were not more involved.

*Community programming is a powerful adjunct to Health Centre programs. How may communities be assisted to run their own programs?*

## **2.10 In most communities, Health Committees are not seen to be involved in public health issues.**

- Over 80% of all respondents indicate that their community’s Health Committee is non-existent, or under-active. Many respondents feel their Health Committee mainly processes complaints about health services.
- Three communities have an active health committee that participates in public health programs by being a link to the community and helping to solve community health problems.

*How can Health Committees be assisted to become more involved in the health of their community?*

## **2.11 Nurses acknowledge that clinic-based health promotion and education alone is insufficient to effect lifestyle behaviour change.**

- Increasing community involvement in health promotion and education activities, as a complement to clinic-based education, is one of the main ways respondents feel programs would be improved.
- Not having a CHR is considered a main reason for low community involvement in healthcare activities, and one of the major weaknesses of public health programs.
- A lack of community programming is particularly a concern in areas such as parenting, smoking cessation, nutrition, alcohol and drug use, family planning and sexually transmitted diseases. This is cited most often as a result of insufficient time and resources.

*Current health belief and health promotion models suggest that a variety of strategies throughout a community are necessary to effect behaviour change.*



## Section 3: Infant and Child Health Program Themes

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### 3.1 Communities view Health Centres positively with regards to their involvement in the health of infants and children.

- Many respondents indicate that having a well-utilized centre where people feel comfortable is a strength of the Infant and Child Health program. As well, good one-on-one rapport is often cited as being appreciated by clients.

### 3.2 High participation rates are a strength of the Infant and Child Health Program.

- Additionally, 95% of respondents indicate that attendance at Well Child Clinic meets their expectations.
- In nearly all instances, Health Clerks routinely phone or send reminders to caregivers about upcoming appointments. This fosters high participation rates in the Infant and Child Program.

### 3.3 Most children are up to date with their immunizations.

- All Health Centre respondents estimate that 95% of all children are up to date in their immunizations. Moreover, excellent immunization rates are cited as a program strength by almost 50% of respondents.

### 3.4 Enthusiasm for the Infant and Child Health Program is evident in some communities.

- About 50% of all respondents indicate that there is community enthusiasm for Infant and Child Health programs. This is most often manifested in parental compliance with immunizations and clinic visits.
- In communities running their own programs, enthusiasm for the Infant and Child Health is shown through parental and community involvement in programs such as Brighter Futures and Aboriginal Headstart.

“Our community is small enough that we get to know the families quite well.”

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“The preventative public health side is what we don’t have time or staff for. We meet the immunization goals, but there is more that we could do.”

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“There is enough enthusiasm to come and get a physical check up, but there is a lack for the education component of services. There is less enthusiasm for nutrition and parenting skills.”

“People are really enthusiastic about the Headstart program. Parents make use of what’s available, but there is little enthusiasm to start initiatives.”



“Kids are generally invested with a lot of importance in the community.”



“The Denver is challenging for this population. The tool could be much more useful if it was altered to be appropriate for the North.”



“Our entire staff needs to learn to think out of the box, and to work *with* the community to solve the problems *in* the community.”

### **3.5 In the 35% of communities that participate in community programs such as Brighter Futures and Aboriginal Headstart, nurses perceive these programs as a benefit to the health of infants and children.**

- Many respondents indicate that community based programs, such as Brighter Futures and Aboriginal Headstart, are effective because they are culturally acceptable and community driven. Health Centres that engage in partnerships with such programs identify this as an advantage to clients. Increasing partnerships, as well as community motivation and commitment to these programs was cited as a way to improve infant and child health.

### **3.6 Most children appear to be meeting their developmental milestones, and are generally quite healthy.**

- Almost 90% of respondents estimate that the majority (>80%) of infants are meeting their developmental milestones.
- 75% of respondents estimate that the majority (>80%) of infants are generally quite healthy.

### **3.7 Assessing and addressing childhood developmental problems is a challenge in most communities.**

- All Health Centres use the Denver Developmental Test in assessing the developmental milestones of children in the community.
- 60% of respondents indicate that the Denver Test is not applicable to the Inuit population, or that to be more applicable, it needs to be modified. An additional 15% recommend that a different tool be adopted altogether.
- In the absence of a more suitable tool, nurses request some inservicing around interpretation of the Denver Developmental test.

### **3.8 CHN staffing concerns pose a threat to the success of Infant and Child Health Programs.**

- 70% of respondents feel that difficulties with the recruitment and retention of skilled staff are a threat to the Infant and Child Health Program.

### **3.9 Nurses would like to see more inservicing in areas specific to the Infant and Child Health Program.**

- The main areas in which respondents indicate a need for inservicing and ongoing training are as follows: interpreting Denver tests, growth and development concerns, respiratory problems, ear infections, hearing loss, visual problems, and immunization updates.

### 3.10 Nurses from many communities feel they have reasonable access to a range of specialists for children and infants.

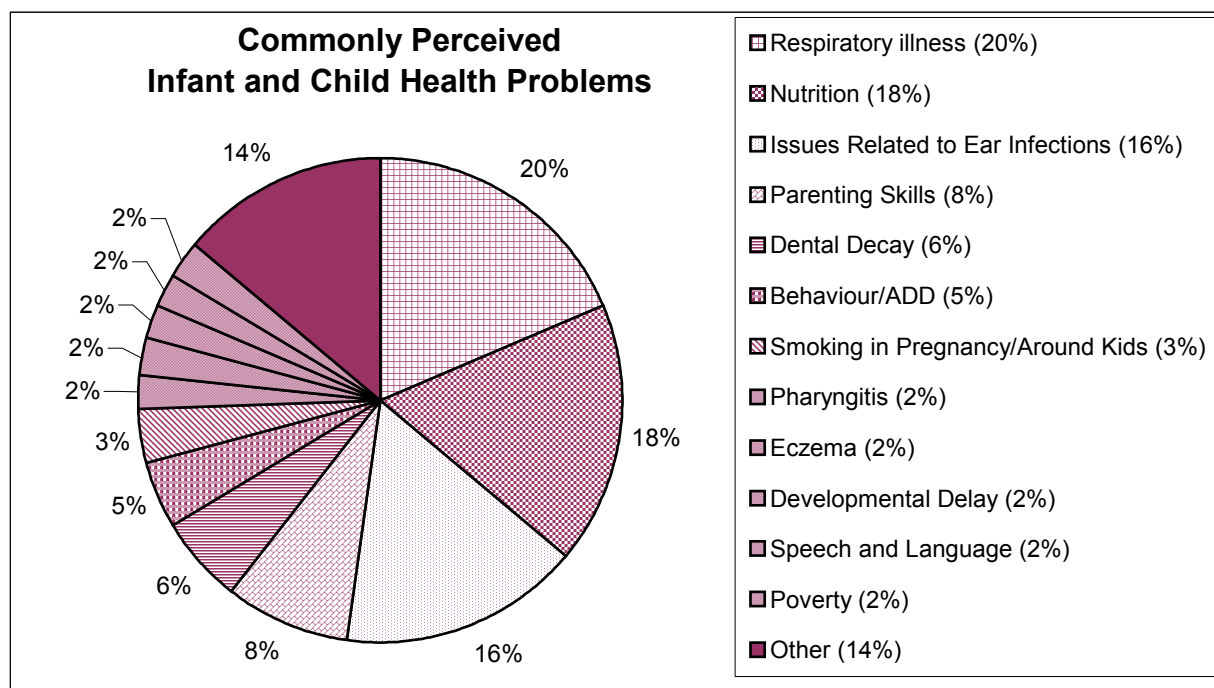
- Almost 60% of respondents acknowledge reasonable access to physicians and specialists when children experience health or developmental problems.

### 3.11 Larger communities perceive more limited access to specialists than smaller communities.

- 45% of respondents from large communities (population over 1000 people) indicate their access to physicians and specialists are limited. These communities indicate that there were long waiting times for certain specialists, and that some specialists were not available at all.
- Almost 35% of all respondents indicate that poor referral opportunities for the clients of the Infant and Child Health Program are a threat to the success of the program. Of those that identified this threat, 70% are from large communities.

“There should be a referral team of specialists - nutrition, audiology, psychology, etc. - that will assess the whole child and determine what is the best type of care. A team approach is the best way to deal with each case.”

### 3.12 The most frequently reported problems with regards to infants and children are respiratory illness, poor nutrition, and issues relating to ear infections.



### 3.13 Public Health Office Themes

Public Health Offices, similar to Health Centres, report insufficient staffing levels, and PHO respondents are much more likely to report that children are not up to date with their immunizations and that attendance at well child clinics does not meet their expectations. They are much less likely to view pre-school aged children as “generally healthy”, and are less likely to report adequate access to community physicians and specialists.

In all other respects, the responses of PH Managers are congruent with the themes presented for Health Centres.

## Section 4: School Health Program Themes

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“School Health takes a long term commitment to develop well.”

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“When we get pressed for time, the school program gets cut.”

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“We could be a lot more involved in the schools. I feel that this is one area we need to do more work in, but are limited by our staffing difficulties.”

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“I think we’re pretty effective at immunizations. We have a preschool day that has almost 100% attendance. We get the school immunizations done there.”

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“We have trouble getting permission slips back for immunizations.”

### **4.1 Most Nurse Managers would like to be doing more to better meet the goals of the School Health Program.**

- Almost 80% of respondents indicate that they are either not meeting the goals of the school health program or that they would like to be doing more to meet the goals.
- 45% of respondents indicate that they do not go into schools with any regularity, and that this was a factor limiting the success of the program.
- Only 35% of respondents report that school visits are scheduled on a regular basis throughout the year. The most common activities undertaken within the school health program are immunization and tuberculosis screening.

### **4.2 Lack of time and staff devoted to the program is the main barrier to a successful School Health Program in many communities.**

- Almost 30% of respondents report that they do not have the time or staff to put into developing a school health program in their community.
- Over 40% of respondents cite that working more with the schools and bettering relations with the school would improve the program: Having CHNs and CHRs in the schools to do more work with teachers on health education; to do health promotion activities; and to do health assessments of children.
- Almost 20% of respondents indicate that vision and hearing screening is not adequate because they do not have the time to complete them.
- 95% of respondents indicate that difficulties with the recruitment and retention of skilled staff are a threat to the School Health Program.

### **4.3 School aged children are generally up to date with their immunizations.**

- At the preschool check, all health centres estimate that the majority (>90%) of children are up to date with their immunizations. Moreover, virtually all respondents indicated that 90-100% of children attend the pre-school check.
- An additional 30% cited that immunizations are a strong point of the School Health Program in their community.

#### **4.4 Dental therapy and school-based fluoride rinse programs are available in some communities.**

- 40% of respondents report that a Dental Therapist provides service in their community.
- 25% of respondents report that children have access to a school-based fluoride rinse program.

#### **4.5 Many communities have a school-based breakfast and/or lunch program.**

- 80% of respondents report a breakfast and/or lunch program in their community's schools.

#### **4.6 Despite difficulties, Nurses in many communities work well with the school to the extent that resources allow.**

- 65% of respondents indicate that they provide school personnel with teaching materials for instruction of the school health curriculum.
- Between 20% and 35% of respondents indicate that they engage in one or more of the following activities: meeting with school principle yearly to discuss the program, meeting with teachers yearly to identify high risk and special needs students, maintaining a surveillance register for students who are high risk or with special needs.
- 40% of respondents indicate direct Health Centre involvement in health education in schools.
- Almost 30% of respondents cite a good relationship with the principals and teachers as a strong point of the program.

#### **4.7 Potentially, there is a strong role for CHR in promoting the health of school aged children.**

- 100% of respondents feel that effective CHR involvement is crucial to a successful school health program; however, only 40% of communities with a CHR report that they are involved in promoting wellness in schools.
- Approximately 30% of communities have a CHR who goes into the school on what is deemed a regular basis (ranging from a few times a week to once a year) to do education. Respondents emphasize their presence at the school as an imperative component of the program.
- 95% of respondents indicate that a lack of skilled nurses and/or CHRs is a threat to the program.

“Right now, we don’t have a permanent dental hygienist in town and there is really poor dental health as a result... we do have a breakfast program that would be great to improve upon.”

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“We have a good line of communication with the school – I think they’d be happy to have us come in more.”

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“We need to work more strongly with the school, to be a resource for the teachers.”

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“Our CHR knows the community and can identify what needs to be taught. She knows what students need to hear and has a presence at the school. This is a major strength.”

“The kids’ motivation to be active and healthy has to start at home.”



“Interest from parents and the community can be quite low. It is a big challenge to raise this enthusiasm for school health.”



“We need someone to develop simple, short programs to teach in all the schools. This would save a lot of time and improve the program across the territory – It would prevent reinventing the wheel.”



“Health is so central to the success of children, that it should really be more of a priority. If we are going to improve the health of the communities at all, we need to start with the kids.”

4.8 Increasing parental involvement is an important way to improve the health of school aged children.

- In over 30% of communities, there is enthusiasm for the School Health Program. Examples include parental interest in what their children are learning; community attendance at school health fairs; and extra effort by school staff to enrich the program or attend to children’s health needs. Respondents’ answers reflected an emphasis on the importance of parental involvement in the health of children.
- Almost all respondents contribute suggestions as how to increase parental involvement in various stages of the life of their school aged child. For example, engaging parents in at-home developmental assessment of their children; inviting parents to health fairs or presentations by students; and involving parents in health related homework assignments.

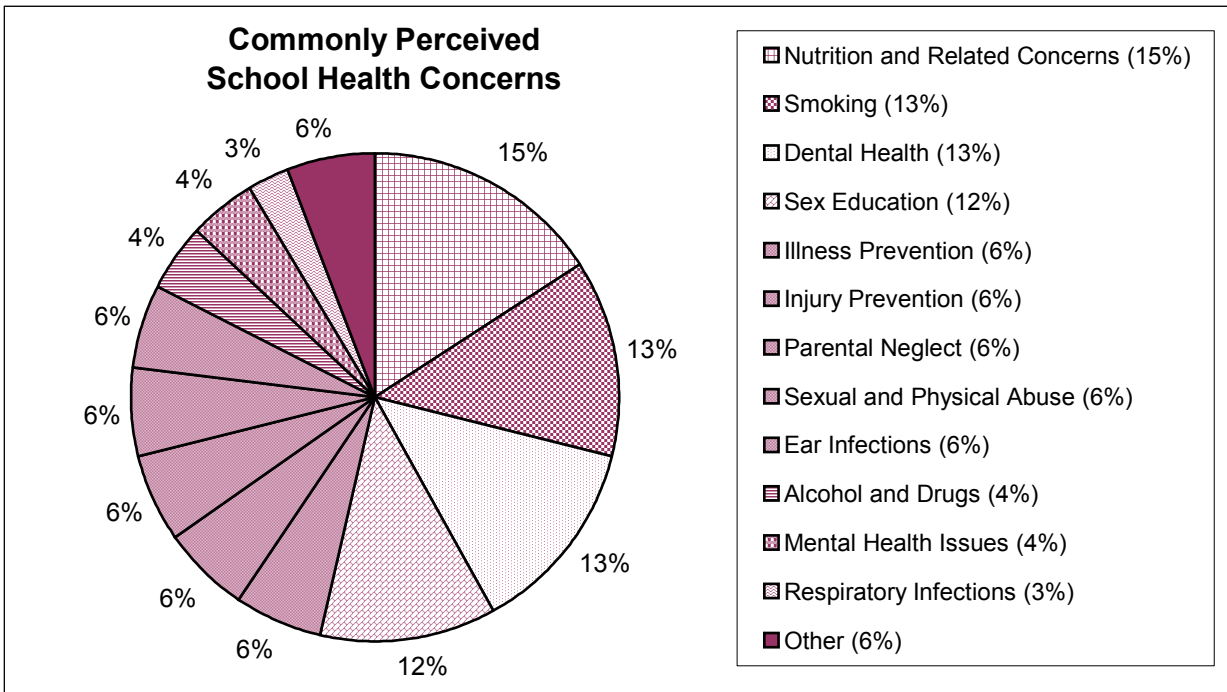
4.9 Nurses need a standardized, territory wide set of resources, including improved teaching materials, for use in the School Health Program.

- Only 40% indicate that they follow the current standards documents for the School Health Program.
- All respondents had suggestions to offer with regards to the teaching materials and resources for use in the School Health Program. While 35% have created their own resources, time constraints prevent many others from doing the same.
- 15% of respondents specifically mention standardizing the program with a binder of simple activities, topics to be covered, handouts and ideas for school talks. Having a territory wide manual would increase consistency and allow nurses and CHRs more time to be able to actually carry out the program, rather than spending time designing their own materials.

4.10 In some communities, lack of availability of specialists is perceived as a threat to the health of school aged children.

- In almost 30% of communities, respondents feel that poor referral opportunities are a threat to the program. Among the specialists that are lacking are occupational therapy, audiology, language, behavioral, and developmental specialists.

4.11 The most frequently reported problems with regards to the health of school aged children are poor nutrition, poor dental health, high smoking rates and sexual health issues, such as STDs and teen pregnancy.



4.12 Public Health Office Themes

Public Health Offices and Health Centres describe essentially the same service provision in schools, and encounter the same challenges with respect to the school health program. Both PH managers report that the majority of children are not up to date with childhood immunizations at school entry.

In all other respects, the responses of PH Managers are congruent with the themes presented for Health Centres.

Section 5: Maternal Health Program Themes

“We offer consistent maternal care and women are accessing the program, even if we have to track them down a little”



“We are always accessible and approachable - we tailor education for the individual.”



“Our program is a constant work in progress. The healthy mums and babes program is very well attended, and our prenatal program is also strong.”



“We need to deal more with the family. In most cases, it is only the women that come into the centre. We need to take more of a family approach to Public Health education.”

5.1 Health Centres report that virtually all pregnant women receive some prenatal care.

- 100% of respondents estimate that virtually every pregnant woman in their community receives some prenatal care.
- Over 90% of Health Centre clerks phone or send reminders to prenatal clients to remind them of an upcoming appointment.

5.2 Most prenatal clients of Health Centres commence care early in their pregnancies, and attend the clinic frequently.

- 100% of respondents estimate that over 80% of prenatal clients commence care prior to the third trimester.
- 100% of respondents estimate that over 80% of prenatal clients attend at least five prenatal clinic visits.

5.3 Most prenatal clients are generally quite healthy.

- Over 85% of respondents estimate that at least 80% of prenatal clients are generally quite healthy.

5.4 Virtually all new mothers receive some follow up from the Health Centre and Public Health Office.

- 95% of respondents indicate that their Health Centre or Public Health Office is in contact (telephone, clinic visit or home visit) with the 95% of postnatal women within a week of their returning to the community.
- 100% of respondents indicate that 95% of women have a 6 week postnatal check-up, and 65% of respondents indicate that newborns are also assessed at this time.

5.5 An active Prenatal Nutrition Program is a benefit to maternal and child health, for those communities that have one.

- Respondents from communities with an active Canadian Prenatal Nutrition Program (CPNP) reported that the benefits of this program strengthened maternal health in their community.
- Approximately 30% of respondents indicated that their Health Centre engages in a partnership with a group running CPNP.

5.6 Nurses are concerned with the process and protocol surrounding maternal confinement prior to delivery.

- While only about 15% of respondents indicate that early transfer out of communities for confinement is a factor that reduces women’s participation with the Maternal Health Program, many nurses relay serious concerns with the issue.
- Primarily, respondents are concerned that many women delay their departure or push to stay in the community up to and for delivery. Concerns about maternal confinement nurses identify are as follows:
 - Women are unable to bring a birthing coach, their partner, or children when they leave the community. Childcare for older children is often an issue.
 - Women are not given the choice as to where they deliver.
 - Women do not receive prenatal teaching, support or any recreation during the weeks before delivery. They feel isolated while away from their homes and families.

5.7 Most nurses feel their community has reasonable access to family physicians and specialists when maternal health problems are encountered.

- Over 90% of respondents feel there is reasonable access to community physicians, specialists and other health care workers when client or fetal health problems are encountered.

“We have a longstanding CPNP here, and it is quite involved with the prenatal clients. Cooking classes, discussion groups, etc. are great for our community.”

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“The last month before delivery is when women need coaching, tools and support. It is then that they are sent out of the community without their partners or children. Shouldn’t we be encouraging family and partner involvement in the care of the mother and child? At the very least there should be a place just for them, so that they can have activities and educational sessions.”

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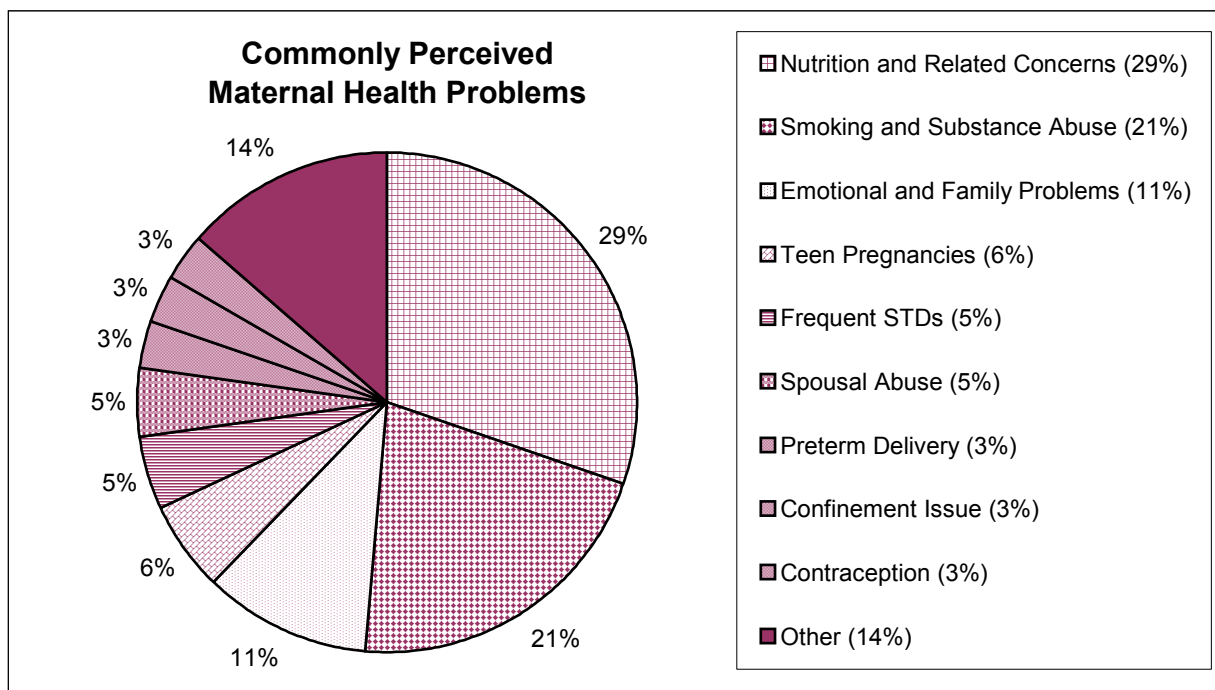
“Our referrals are adequate, and we also have regular teleconferences with the midwives in Rankin Inlet, which is really helpful.”

“If the OB/GYN could stay for longer, they could do some community education. People would listen. It takes a whole community to keep a baby healthy, so community involvement needs to be encouraged.”

5.8 Many nurses feel their communities need more regular and longer visits from family physicians and obstetricians.

- Roughly 50% of respondents indicate that their community is in need of longer and more frequent visits from an obstetrician/gynecologist, and a general practitioner for their maternal health clients.

5.9 The most frequently reported health problems with regards to pregnant women are nutritional concerns, smoking and substance abuse, and emotional and family problems.



5.10 Public Health Office Themes

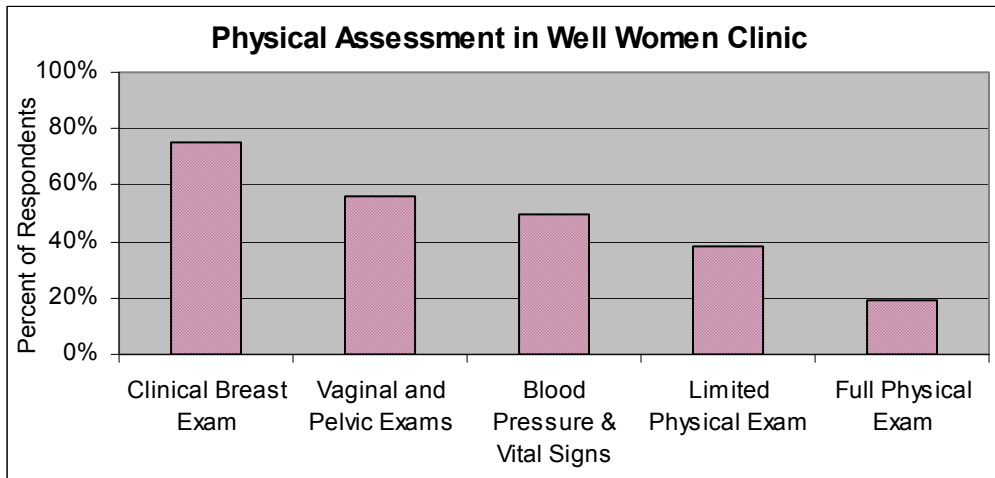
Public Health Offices in Rankin Inlet and Iqaluit are not involved in prenatal clinical care, and did not provide data on clinic attendance. In Rankin Inlet, prenatal care is offered out of the region’s Birthing Centre. In Iqaluit, the PH Manager responded that some women do not get any prenatal care until they arrive at the hospital in labour. Public Health Managers regarded teen pregnancy as the most common issue for clients of the Maternal Health Program.

In all other respects, the responses of PH Managers are congruent with the themes presented for Health Centres.

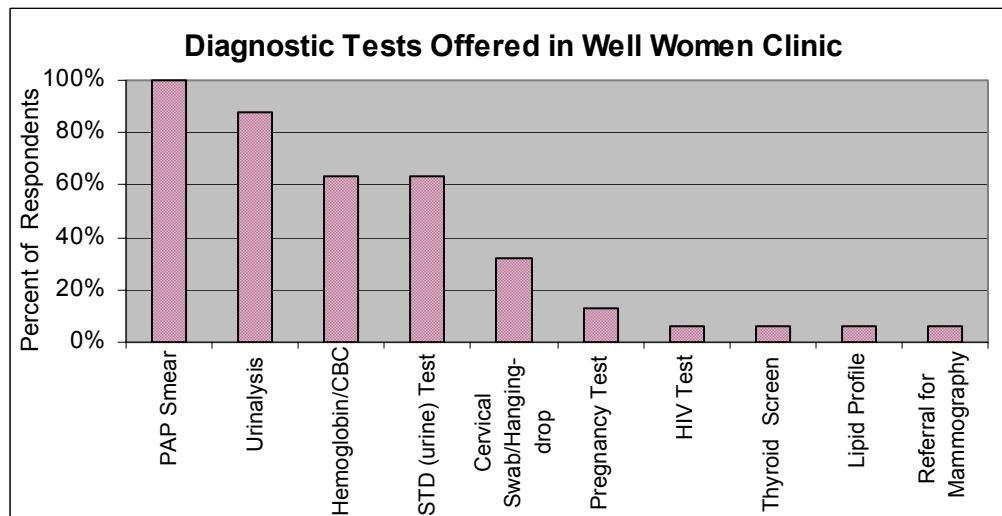
Section 6: Adult Health Program Themes

6.1 Many communities have a comprehensive and well-utilized well women clinic.

- 100% of Health Centres offer a well women clinic, and 80% offer the clinic on a weekly basis.
- Almost 60% of Nurse Managers cite their well women program as a strength of the Adult Health Program. They indicated features such as good attendance, acceptance of the program in the community, adequate follow up and client education.
- Physical assessments undertaken in well women clinics vary by community and seem to depend on which practice guidelines are followed.



- A variety of diagnostic testing is offered in well women clinics, and tests appear to be given according to different guidelines.



“We do fairly comprehensive assessments, and do regular call-backs. As a result, I think we have a fairly healthy group of women”

“In terms of Well Women clinic, it’s very accessible. Women come in and discuss concerns that they have. Necessary follow up is provided, and we actually have the chance to discuss lifestyles and do some preventative education.”

“If anything, the education piece needs some more attention. It’s difficult to instill into people how important things like PAP tests are.”

6.2 Not all women are receiving Pap smears at appropriate intervals.

- Approximately 45% of respondents estimate that over 90% of sexually active women are screened for cervical cancer by Pap smear at least every two years.
- Approximately 20% of respondents estimate that between 60-80% of sexually active women receive Pap smears at least every two years, while 35% of respondents offered no estimate.

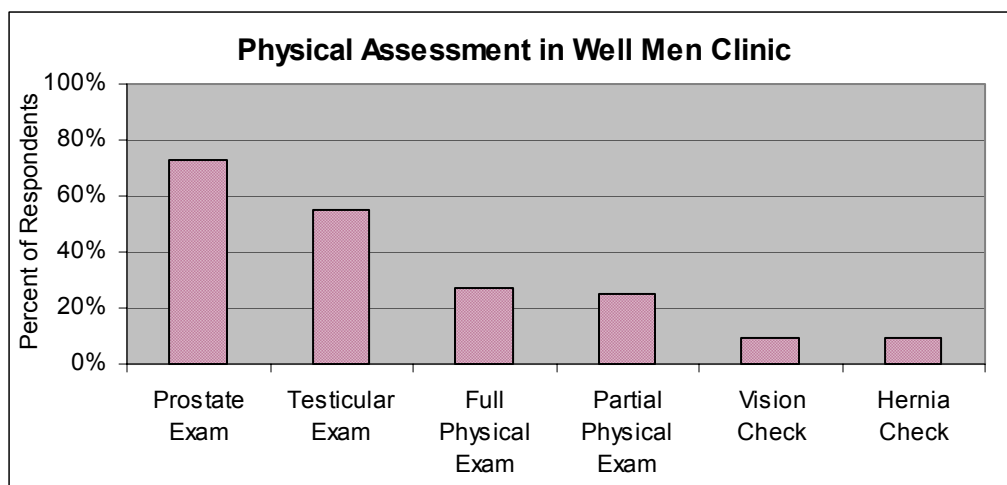
“We don’t have a Well Men’s clinic up and running yet. The men rarely respond and it is difficult to get them to come in for clinics.”

“The men are really not interested in coming in for assessment. Our homecare nurse went to go check out a man with hypertension, and he was found running out the back door at the appointment time!”

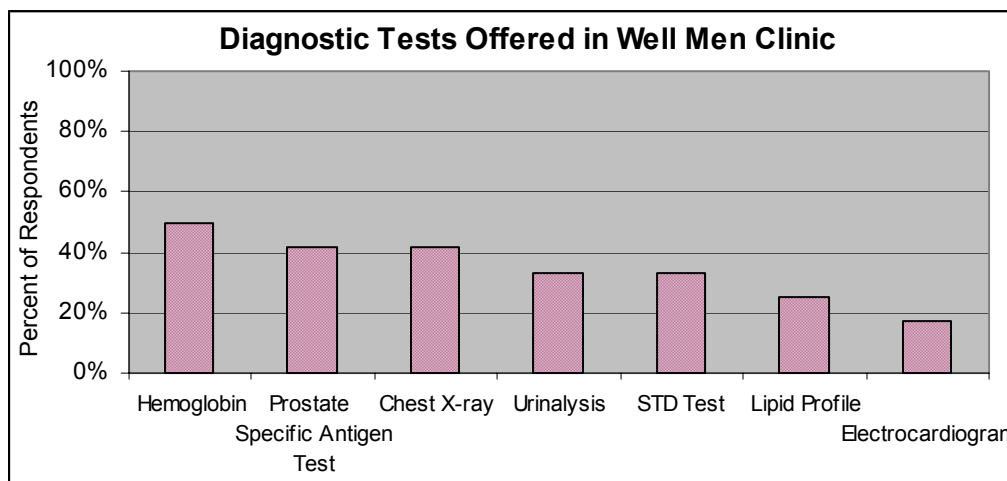
“We don’t have many adult males coming in for exams. In fact, last winter we saw some men we hadn’t seen in years, and identified some illnesses that had not been caught earlier. We decided to do a casual drop in evening with a male nurse and doctor, which was really successful.”

6.3 Male client participation is a weakness in many communities’ Adult Health Program.

- 65% of Health Centres offer a well men clinic in their community, and 50% offer the clinic on a weekly basis.
- Over 80% of Nurse Managers cite difficulties with starting or maintaining a well men clinic. Barriers include that men are uncomfortable with female nurses, and do not feel the need to be assessed.
- Physical assessments undertaken in well men clinics vary by community and seem to depend on which practice guidelines are followed.



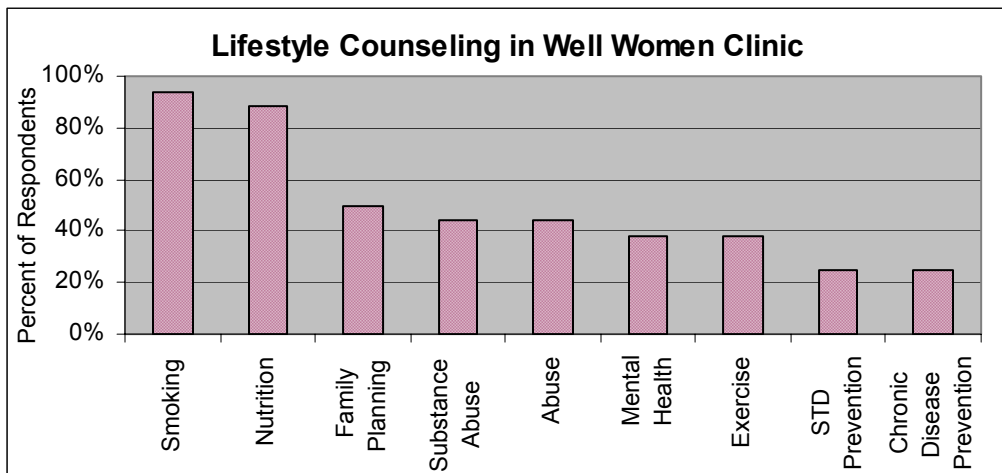
- Similarly to well women clinics, a variety of diagnostic testing is offered in well men clinics, and tests appear to be given according to different guidelines.



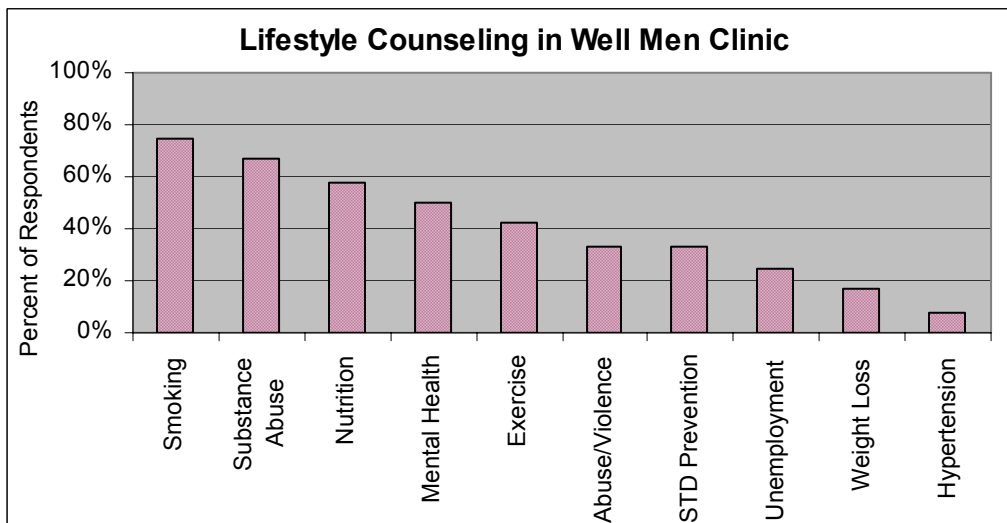
6.4 Lifestyle counseling is an important aspect of adult health promotion.

- Numerous respondents indicate the importance of one-on-one education in their efforts to educate members of the community.
- The topics covered in lifestyle counseling in well adult clinics vary by community. The most common topics are smoking and substance abuse, nutrition, family planning, abuse and violence, exercise and weight loss, mental health, sexually transmitted disease prevention, chronic disease prevention and hypertension.

- 85% of respondents undertake lifestyle counseling at well women visits.



- 50% undertake lifestyle counseling at well men visits.



“We really put a lot of effort into educating the young women about contraception, birth control and STD prevention. This is a major focus for us.”

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“Alcohol and substance abuse are major problems with some of our clients. If they go out for help, they have no support when they return, which is a problem.”

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“Nutrition is atrocious and there is no nutritionist to work with people. There is only so much we can do in clinic.”

“I think the community is interested in health. If we had more time to devote to public health, I think the community would be responsive.”



“Long term care is important for building trust and credibility, but keeping nurses long term is really difficult.”



“Because of the time factor, making new partnerships aren’t always a priority, although they are beneficial.”



“Regular teleconferences on a variety of topics would be very beneficial, but they aren’t the answer to all professional development needs.”

6.5 Health promotion and prevention programming are lacking in many communities.

- According to respondents’ interpretation of the questions, it is estimated that between 40% and 70% of communities are involved in some type of prevention or health promotion programming for adults, aside from clinic education. Examples of this include health fairs, diabetes support groups, AIDS walks, radio talks and nutritional classes.
- Over 35% of respondents cite a lack of public health education and community education for reasons such as lack of time, resources, committed staff, and an active CHR.

6.6 Increased community health promotion activities are required to improve the health of adults. This will require more staff.

75% of respondents indicate that they could better meet the goals with more support in the way of adequate staff: increasing the staffing numbers, as well as quality and continuity of short term staff, and access to other health care professionals such as nutritionists.

- 75% of respondents indicate that difficulties with recruitment and retention of skilled staff are a threat to the Adult Health Programs.

6.7 Some Health Centres and Public Health Offices are involved with community groups to further adult health.

- Over 30% of respondents say they engage in activities and communicate with other community groups to further adult health. Examples include collaboration on community concerns (such as suicide, mental health or nutrition); working together to do a health fair or other event; and the coordination of various programs.
- 20% of respondents say their health committee is somewhat involved in adult health by keeping the lines of communication open, by taking information to the community, and/or by representing community concerns.

6.8 Nurses need more ongoing education and inservicing in the area of adult health.

- Over 80% of respondents feel that ongoing education and inservicing is lacking in the area of adult health. Topics mentioned include diabetes and nutrition information, updates on PAP smears and cancer, and tips for health promotion and increasing community involvement.

6.9 Smoking cessation continues to be a concern for nurses in most communities.

- 95% of respondents report struggling with smoking cessation in their communities. Reasons cited include no enthusiasm or dwindling enthusiasm from community members in cessation endeavors (ie. classes, contests, campaigns) and/or not enough staff or time to develop successful cessation programs.

6.10 Most nurses feel there is reasonable access to physicians and specialists when men and women experience health problems.

- Over 90% of respondents feel that there is reasonable access to community physicians, specialists and other health care workers when adults experience health care problems.

6.11 In some communities, there is some enthusiasm for the Adult Health Program.

- Over 40% of respondents cite community enthusiasm for the Adult Health Program, mostly indicated by attendance at clinics, interest in education, and compliance with the program. It should be noted that a number of respondents indicate the difficulty in truly gauging community enthusiasm because not all people are aware of the programs.

6.12 A lack of public awareness for adult prevention programming and resultant community disinterest is a threat to the success of Adult Health Programs.

- 40% of respondents say that community disinterest, in the form of low participation levels, a lack of community understanding about health issues, and a general apathy towards health is a threat to the success of Adult Health Programs.
- This threat may be manifesting in that only 55% of respondents feel that the majority (>80%) of Adult Health clinic clients are generally quite healthy.
- Almost 30% of respondents explain that the lack of awareness of available programs is likely the reason for community disinterest.
- Over 30% of respondents feel that increased focus on illness prevention, health promotion and education is necessary to improve the program.

“People are starting to think about quitting, but real progress is slow. The most discouraging are the young smokers and the prenatals.”

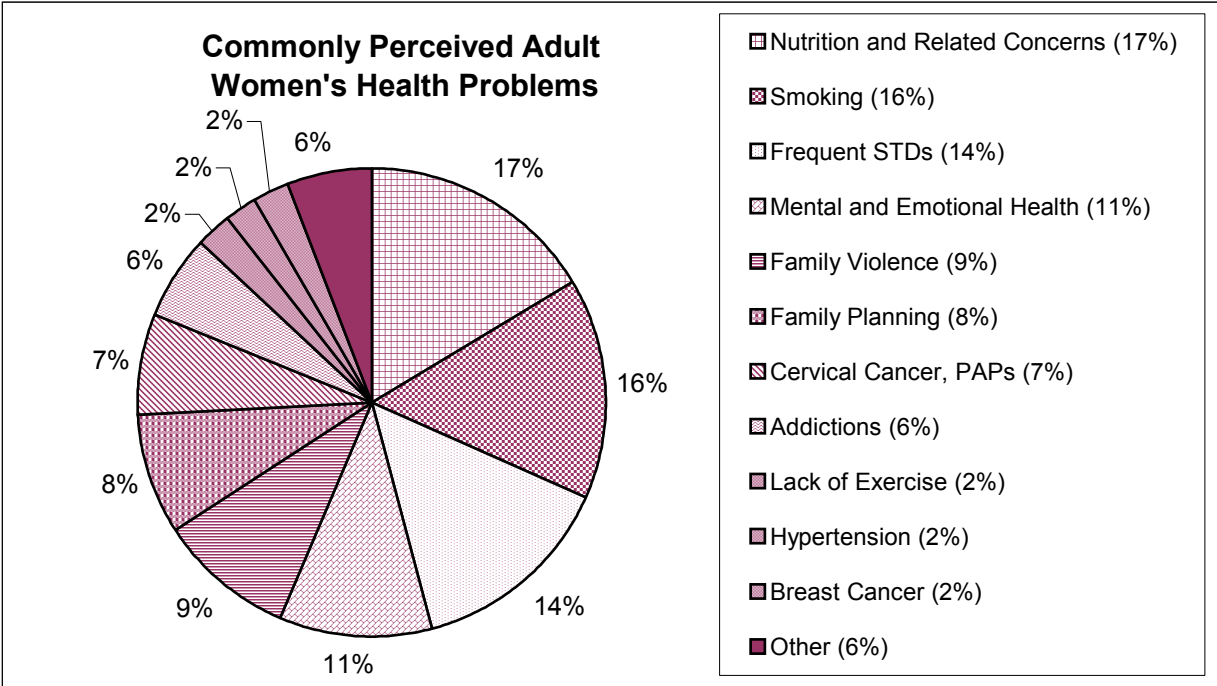
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“Women need empowerment with regards to their health. I’d love to see a shift from where we are now, to having the community stand up and get on track with their health.”

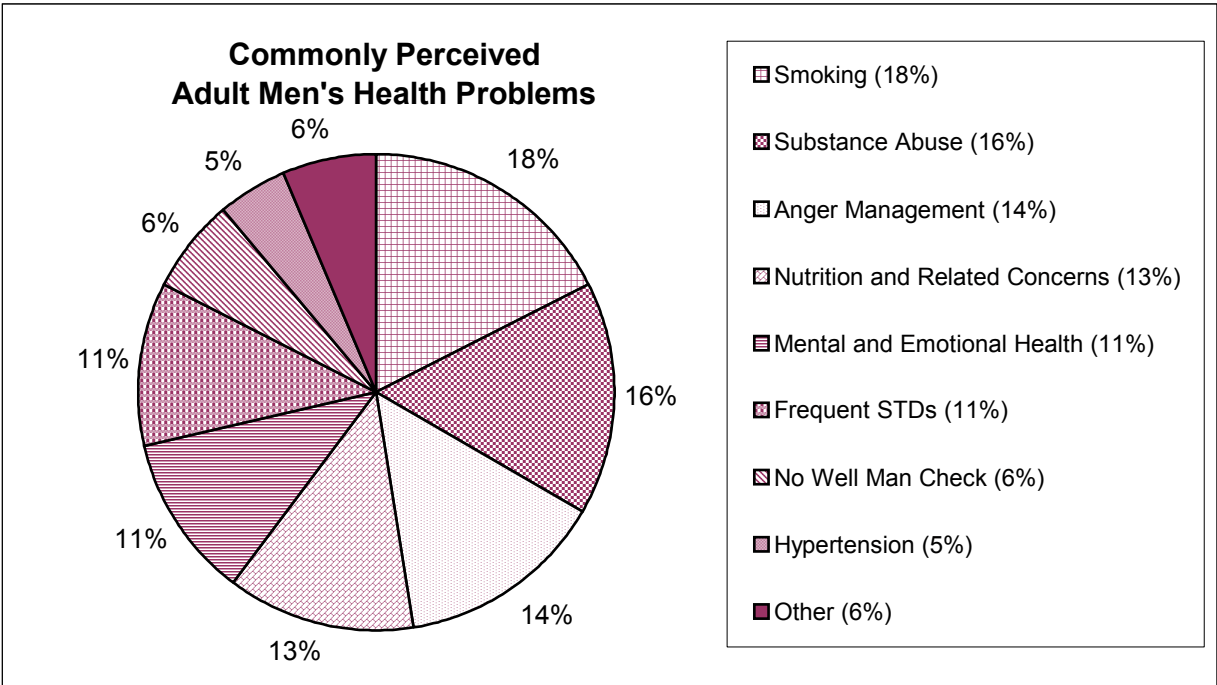
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“Promotion of Public Health programs really needs to be done at the territorial level, because there is no time for clinicians to do development and PR for the programs, as well as provide care.”

6.13 The most frequently reported problems with regards to women’s health are poor nutrition, high smoking rates, frequent STDs, and mental and emotional health concerns.



6.14 The most frequently reported problems with regards to men’s health are high smoking rates, substance abuse, poor anger management, and nutritional concerns.



6.15 Public Health Office Themes

The two responding PH Managers have many years of experience in adult health. The Rankin Inlet PHO offers well woman clinics twice weekly and well man clinics once weekly. Iqaluit PHO reported that they would require more staffing to implement a well adult clinic. Both PHOs provide a variety of health promotion activities for adults in their communities. For example, PHOs have offered healthy eating groups, diabetes support groups, and individual counseling.

In all other respects, the responses of PH Managers are congruent with the themes presented for Health Centres.

Section 7: Conclusions

Overall, we found that nursing personnel are enthusiastic about and reasonably well prepared for delivering public health programs, but feel constrained by staffing ratios and transience. Many nurses have had no formal orientation to public health programs, and have had little, if any, ongoing professional development. Some say they lack the time to access professional development on the Internet or via Telehealth.

While Health Centres and the Public Health Office in Cambridge Bay deliver all four of the public health programs reviewed (Infant and Child, School, Maternal, and Adult Health Programs), services in Rankin Inlet and Iqaluit have evolved differently. In Rankin Inlet, the public health nurse delivers all programs except for Maternal Health, as comprehensive maternal care is provided by the Birthing Centre. In Iqaluit, public health nurses offer health promotion activities to prenatal women and adults. Prenatal care in Iqaluit is offered at Baffin Regional Hospital, but there is no equivalent to the Well Woman and Men clinics offered elsewhere in the community.

In Health Centres, the demands of acute care eclipse prevention programming at every turn. Many nurses find that they are unable to get out of the clinic to provide community-based health promotion activities, and would welcome professional development for Community Health Representatives to further prepare them for this and other tasks. Health Centres in some larger communities may be in need of a full-time designated public health nurse, but all other communities require their community health nurses to be equally adept at the dual role of nurse practitioner and public health nurse.

Many nurses are unaware of the available standards documents and policy manual. However, for most program interactions they do utilize the templates from the standards document, or some variation thereof. There is varied access to material resources for programs – much of the promotional literature is deemed sub-optimal. In the absence of appropriate resources some Health Centres and Public Health Offices produce their own.

Nurses consider partnerships with community-run programs, such as Aboriginal Headstart and Canada's Prenatal Nutrition Program, and functional community health committees as vital adjuncts to the services and programs they provide. However, few communities have either at this time. It appears that few communities have individuals who are ready to take on the organization of community programs. Health Committees, where they are up and running, are not often active in the coordination of these programs.

Despite difficulties, there are successes in public health programming in Nunavut. Within the Infant and Child Health Program, Health Centres estimate high immunization rates for children and high participation in clinics. Public health nurses do not report such high rates – the communities they serve are larger, and do not always have high participation rates. The majority of children are judged to be quite healthy; however, developmental assessment is viewed as a challenge, as the tool was developed for a different cultural setting. Issues facing infants and young children most often mentioned include respiratory illness, nutrition ear

infections and their sequelae. Nurses request professional development pertinent to their community's health issues.

The School Health Program is acknowledged by both public health and community health nurses as being under-developed due to time constraints. Most nurses say they work well with schools in a reduced capacity, sometimes sharing information with teachers and occasionally teaching. The main activities are immunization and screening (vision and audiology), the latter often not completed due to lack of time. Not enough schools have access to a fluoride rinse program and less than half of the communities are reported to have the services of a dental therapist. Nurses would like to see more services for school-aged children, especially occupational therapy, audiology, speech-language, and behavior and developmental specialists. The most commonly reported health issues for school-aged children are nutrition, smoking, dental health, and sex education.

There are successes in the Maternal Health Program, in that most pregnant women receive adequate prenatal care and most start before the third trimester. Nurses are in contact and deliver postnatal care with women within a week of delivery or return to the community. The clients of the Maternal Health Program are considered to be healthy. Public health nurses in Iqaluit and Rankin Inlet are not involved in prenatal care, and it is reported that women in Iqaluit do not receive prenatal care as early or as often as women in other communities. Nurses do report concerns with the loneliness and boredom that many women experience in boarding facilities as they await delivery and many would like to see changes in the way pregnant women are cared for while awaiting delivery. Most nurses feel quite unprepared for community deliveries, given the resources available at the community level. Access to family physicians and specialty care for clients of the Maternal Health Program is deemed adequate, but regular and longer community visits are felt necessary. Common health issues for prenatal clients are nutrition; teen pregnancy; smoking and substance abuse; and emotional and family problems.

The clinic based functions of the Adult Health Program are available at all Health Centres and at Rankin Inlet's Public Health Office. Well Woman clinics are offered at all Health Centres, but nurses report that despite the high incidence of cervical cancer, not every woman is receiving screening at recommended intervals. Well Man clinics are less popular, but nurses continually strive to find ways to provide the service when men turn up in clinic for other reasons. There is no standard approach to screening across the territory, with several centres apparently utilizing different clinical practice guidelines. Nurses report that 100% of clients who attend Well Woman clinic have a Pap smear performed. Approximately 60% of respondents report testing for sexually transmitted diseases, despite the high incidence rates of Chlamydia genital infections in the territory. Nurses report using these clinics to provide an ambitious range of counseling aimed at the lifestyle issues most frequently identified. Many nurses acknowledge that the provision of meaningful community health promotion activities will require more human and material resources.

Section 8: Recommendations

1. Staffing Issues

1.1 Staffing Ratios

All respondents indicate that they lack the necessary staff to deliver the full suite of public health programs, in addition to addressing illness care in their communities (Section 1.4). Among many other limitations, this restricts their ability to offer community health promotion activities (2.11); their opportunity to keep skills current by taking advantage of available internet resources (2.8); their ability to provide the services under the School Health Program (4.2); and their capacity to assure that every woman is evaluated at appropriate intervals for cervical cancer (6.3).

Recommendation 1.1: Review and address nursing staffing ratios against historical staffing ratios, taking into account community growth.

1.2 Recruiting and Retaining Key Skills

All respondents indicated the need to recruit nurses with public health skills and midwifery skills (1.6, 1.8). Respondents from large communities feel there is enough work for a designated public health nurse (1.7).

Recommendation 1.2.1: In future recruiting efforts, focus wherever possible on recruiting Community Health Nurses with public health and/or midwifery skills.

Recommendation 1.2.2: A designated public health nurse should be considered for communities where the workload is deemed sufficient.

1.3 CHN Transience

Nurses suggest adequate staffing, time off, and ongoing professional development as ways to prevent high transience among CHNs (1.2, 2.2, 2.7)

Recommendation 1.2: In consultation with nurses, seek out ways to increase CHNs' duration of stay in communities.

2. Developing and Expanding Existing Roles

2.1 Regional and Territorial Support

Since the devolution of Regional Health Boards there has been no formal discussion of the respective roles of regional offices and headquarters in support and supervision of public health programs. One third of respondents feel that they are receiving enough support from their region and half feel they are getting adequate support from headquarters. Nurses have suggested ways in which they would like to be supported (2.1, 2.2)

Recommendation 2.1: With input from nurses and other staff, regional offices and headquarters should define their respective roles required to support the delivery of public health programs. Specifically, Public Health Offices should be resourced to assume a supervisory role for regional public health programming.

2.2 Nutritionists and Dieticians:

In virtually every program, Nurses identify nutrition as a major health issue (3.12, 4.11, 5.9, 6.13, 6.14).

Recommendation 2.2: Consideration should be given to increasing the number of positions for nutritionists and dieticians.

2.3 Territorial Resource Centre:

Nurses rate their current access to program materials as inadequate and many have resorted to creating their own client-oriented educational resources (2.2, 2.3). They have also identified material program resources as one way they would like to be better supported in their work (2.2, 2.3, 4.9).

Recommendation 2.3.1: Create a territorial resource centre to house and distribute-all materials needed to support public health programs in Nunavut.

Recommendation 2.3.2: Create a working group to develop standardized teaching resources for use in all public health programs.

2.4 Community Health Representatives

Virtually every respondent considers the CHR role to have great potential, and wants to see them involved in the delivery of public health programs. When properly prepared and resourced, CHRs can initiate community health promotion activities, potentially easing the work load of the CHN. However, the role is underdeveloped and not every community has a CHR at this time (1.10).

Recommendation: 2.4.1: A full review of the CHR role, including their training, ongoing education, supervision, and support is needed.

Recommendation 2.4.2: Create a CHR coordinator position to assist with recommendation 2.3.

Recommendation 2.4.3: Fill vacant CHR positions.

2.5 Health Centre Staff

Clerk interpreters and receptionists and other staff working in Health Centres are long term employees (1.3). Provision of opportunities for professional development could permit them take on some administrative tasks currently performed by Nurse Managers.

Recommendation 2.5: Investigate possibilities for enhancing the roles of long-term Health Centre employees.

3. CHN Professional Development

Virtually all nurses indicate that current orientation to programs and on-going professional development is inadequate (2.7)

Recommendation 3.1: Create standardized orientation to public health programs for new nursing staff.

Recommendation 3.2: Provide inservicing on requested topics (2.7, 3.7, 3.9, 6.8),

4. Program, Resources, and Materials

4.1 Definition of Public Health Programs

Many respondents have told us that they are largely unaware of the Community Health Nursing Standards - or that they are not up to date, thus making them irrelevant in day-to-day practice (2.4, 2.5). Nurses request goals and objectives for public health programs (2.6).

Recommendation 4.1: Review the Community Health Nursing Standards and create new and expanded program definitions, strategies, goals, and objectives.

4.2 Nursing Policy and Procedure Manual

The existing nursing policy and procedures manual is largely unknown and under-utilized by staff (2.6). It is a very old document and totally inadequate to support CHN practice.

Recommendation 4.2: Commence work on a nursing policy and procedures manual.

4.3: Promoting Awareness of Public Issues and Programs

Nurses request regional and territorial support in promoting awareness major public health issues and of available programming to address these health issues (2.1, 6.11, 6.12).

Recommendation 2.3: Consideration should be given to a comprehensive awareness campaign.

5. Re-orienting Services

5.1 Assisting communities to run their own health programs

Only 30% of Nunavut communities are actively running Aboriginal Headstart, or Canada's Prenatal Nutrition Programs (2.9). Nurses view these programs as complementary to Health Centre Programs and a benefit to the health of the community.

Recommendation 5.1: Investigate the barriers that communities experience in setting up programs and work to help eliminate them.

5.2 Regional Birthing Centre

Nurses acknowledge that communities are unequipped for community delivery (1.9). Some acknowledge that women are unsupported, isolated, and generally resentful of the several weeks they are obliged to board away from home awaiting delivery (5.6).

Recommendation 5.2.1: Look to the recent experience of Rankin Inlet's Birthing Centre as it has evolved to take in women from Kivalliq communities. Would regional delivery centres be an acceptable alternative for both nurses and pregnant women?

Recommendation 5.2.2: Assess the quality of experience women have while out for confinement. Consider permitting women to be attended by the birthing coach of their choice, and providing educational resources and support for them during the last weeks of their pregnancy.

5.3 Fluoridation and Dental Services

Less than half of the schools are reported to have the services of a Dental Therapist and one quarter of schools have a fluoride rinse program (4.4). Currently, few Nunavut communities fluoridate their water supply.

Recommendation 5.3.1: Investigate with the Department of Community Government the extent to which municipalities could (and should) fluoridate their water supplies.

Recommendation 5.3.2: Consider a dental survey to determine appropriate service levels.

5.4 Early Childhood Development

Many of the health issues in the first years of life are developmental and behavioral in nature, and require the entire family and local healthcare workers to be well-informed about the goals of therapy.

Recommendation 5.4: Provide developmental and behavioural services as close to the child's community as possible.

The Denver Developmental Test is difficult to interpret in Inuit children as it was created for a very different population and culture (3.7).

Recommendation 5.5: Seek expert opinion on the most optimal method of assessing early childhood development in Inuit.

Appendix 1: Community Participation Table

December 2002 SWOT 1 Telephone Interview: 22/25 communities participated.

December 2002 SWOT 1 Written Survey: 19/25 communities participated.

June 2003 SWOT 2 Telephone Interview: 22/25 communities participated.

June 2003 SWOT 2 Written Survey: 17/25 communities participated.

X = indicates participation

Baffin Region	SWOT 1 Telephone	SWOT 1 Written	SWOT 2 Telephone	SWOT 2 Written
Arctic Bay	X	X	--	X
Cape Dorset	X	--	X	--
Clyde River	X	--	X	X
Grise Fiord	X	X	X	X
Hall Beach	--	X	X	--
Igloolik	X	--	X	--
Iqaluit (PH)	X	X	X	X
Kimmirut	X	X	X	X
Pangnirtung	X	X	X	X
Pond Inlet	X	X	X	X
Qikitarjuaq	X	X	X	X
Resolute Bay	X	X	--	--
Kitikmeot Region	--	--	--	--
Cambridge Bay (PH)	X	X	X	X
Kugluktuk	X	X	X	X
Gjoa Haven	X	X	X	--
Taloyoak	X	--	X	X
Kugaaruk	X	--	X	X
Kivalliq Region	--	--	--	--
Arviat	X	X	X	X
Baker Lake	X	X	X	--
Chesterfield Inlet	X	X	X	X
Coral Harbor	--	X	X	X
Rankin Inlet (PH)	X	X	X	X
Repulse Bay	X	X	X	X
Sanikiluaq	X	X	--	--
Whale Cove	--	--	X	--

Appendix 2: Population Statistics by Community

As of the time of compilation, the most recent statistic for the total population of Nunavut was 28 662 people (2002, Nunavut Department of Statistics).

Baffin Region	
Arctic Bay	763
Cape Dorset	1268
Clyde River	812
Grise Fiord	147
Hall Beach	677
Igloolik	1456
Iqaluit	5108
Kimmirut	474
Pangnirtung	1575
Pond Inlet	1405
Qikitarjuaq	551
Resolute Bay	247
Total	14 483

Kitikmeot Region	
Cambridge Bay	1484
Kugluktuk	1456
Gjoa Haven	1023
Taloyoak	847
Kugaaruk	616
Bathurst Inlet*	16
Umingmaktok*	48
Total	5490

*no Health Centre

Kivalliq Region	
Arviat	1784
Baker Lake	1534
Chesterfield Inlet	391
Coral Harbor	888
Rankin Inlet	2376
Repulse Bay	648
Sanikiluaq	740
Whale Cove	328
Total	8689

Communities in **bold** are those greater than 1000 people.

Appendix 3: SWOT 1 Written Survey Questions

The following is the written tool that was used in the December 2002 SWOT survey of Health Centres and Public Health Offices.

SWOT 1 Analysis of Health Programs

Health and Social Services is preparing a review of Community Health Nursing Program Standards and Protocol in each region to see which elements of certain health programs are meeting the needs of Nunavummiut, and which elements need updating or improvement. By surveying NICs across the territory, we hope to get a better understanding of the issues Community Health Nurses face in delivering infant, child and maternal health programs in Nunavut.

This survey is based on the SWOT analysis tool. Through asking questions and gathering suggestions, it aims to investigate the *Strengths and Weaknesses* of the Infant and Child Health and the Maternal Health programs. We will also examine the *Opportunities* you see for growth and improvement within the programs, and identify possible *Threats* facing the programs. This will be the first such information the Department of Health and Social Services Headquarters will receive on the delivery of public health programs in Nunavut.

Throughout this survey you will be given the chance to evaluate and comment on various aspects of the Infant and Child Health and Maternal Health programs. A critical analysis of where these programs currently are in your community and where you see them going will help to give us an idea of the what we are doing to protect and improve the health status of infants, children and their mothers.

The following is the written component to the survey, covering *Strengths and Weaknesses*. Please read the questions carefully, and answer by clearly checking either “Yes”, “No”, or “Don’t know” accordingly. You will have the opportunity to comment further in the telephone component to the survey.

As an involved member of health care on a community level, your opinions and feedback are a crucial element of this review. Thank you for taking the time to participate.

Name: _____

Position: _____

Health Centre: _____

Child and Infant Health: Staffing Strengths and Weaknesses

- A1. How long have you (NIC/Nurse Manager) been in your position?
- A2. Have you had previous public health training?
- A3. Have you ever worked as a Public Health Nurse? For how long?
- A4. Would you say your Health Centre is currently experiencing Community Health Nurse (CHN) **staffing stability**?
- A5. How long has the most *senior* CHN staff member been in place?
- A6. How long has the most *recent* CHN recruit been in place?
- A7. Do at least some Community Health Nurses at your Health Centre have some **public health training**?
- A8. Do at least some Community Health Nurses have previous **public health working experience**, (ie. worked exclusively as a Public Health Nurse)?
- A9. Would you say that your Health Centre is currently experiencing **non-professional** (Clerk interpreters, receptionists, and the like) staffing stability?
- A10. How long has the most *senior* non-professional staff been in place?
- A11. How long has the most *recent* non-professional recruit been in place?
- A12. Does your Health Centre have a CHR?
- A13. How long has your CHR been in place?
- A14. Has your CHR had formal training?
- A15. Would you say that at full staffing levels, your Health Centre has sufficient staff to run public health programs in addition to “illness clinics”?
- A16. Does orientation to the Infant and Child Health Program happen on the job at your Health Centre?
- A17. Do CHNs generally adhere to the protocol as outlined in the Infant and Child Health Program standards document?
- A18. Do staff have sufficient access to the internet and other materials to support their practice?
- A19. Do staff have sufficient educational and professional development opportunities?

- A1. _____
- A2. Yes No DK
- A3. Yes No DK

- A4. Yes No DK
- A5. _____
- A6. _____
- A7. Yes No DK
- A8. Yes No DK
- A9. Yes No DK
- A10. _____
- A11. _____
- A12. Yes No DK
- A13. _____
- A14. Yes No DK
- A15. Yes No DK
- A16. Yes No DK
- A17. Yes No DK
- A18. Yes No DK
- A19. Yes No DK

Child and Infant Health: Program Strengths and Weaknesses

B1. Would you say that teaching materials for **well child clinic** are:

- Current and up to date?
- Comprehensive?
- Lacking in some topics?
- At the appropriate reading level?
- Culturally appropriate?
- Translated into relevant languages?

B2. Have you developed any of your own teaching materials?

B3. Do the majority of caregivers in your community appear to be motivated by the teaching/counseling/assessment services provided in **well child clinics**?

B4. Is the CHR is involved in promoting **infant and child health** in the community?

B5. Do Health Centre clerks routinely phone or send reminders to caregivers of an upcoming clinic appointment?

B6. Does attendance at **well child clinics** meet your expectations?

B7. Are childhood immunizations are reasonably up to date? For example, you would estimate that 95% or more of children are up to date for their age, give or take a few months – you may estimate.

B8. Are the majority (>80%) of children from birth to pre-school generally quite healthy? (you may estimate)

B9. Despite the lack of cultural specificity of the *Denver Developmental Screening Test*, do the majority (>80%) of infants are meet their developmental milestones? (you may estimate)

B10. Do you know of another developmental assessment tool that would be more effective in Inuit communities? If so, what is it?

B11. Is there reasonable access to community physicians, specialists, and other health care workers when children experience health problems or developmental delay?

B1:
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B2. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B3. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B4. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B5. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B6. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B7. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B8. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B9. Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B10 Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>
B11 Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>

C1. Can you identify the 3 most common health problems (that may or may not be being addressed by your health programs) **with regards to the health of infants and children** in your community:

1. _____
2. _____
3. _____
4. _____
5. _____

Maternal Health: Staffing Strengths and Weaknesses

D1. Do at least some of the Community Health Nurses at your Health Centre have **previous training** to provide the teaching, counseling, assessment services outlined in the Maternal Health Program standards document?

D1. Yes No DK

D2. Do at least some of the CHNs at your Health Centre have **previous maternal health working experience**?

D2. Yes No DK

-How many?

D3. Have you worked previously in **maternal health**?

D3. Yes No DK

-If yes, for how long?

D4. Does orientation to the Maternal Health Program happen on the job at your Health Centre?

D4. Yes No DK

D5. Do CHNs generally adhere to the protocol as outlined in the Maternal Health standards document?

D5. Yes No DK

Maternal Health: Program Strengths and Weaknesses

E1. Would you say that teaching materials for the **prenatal clinic** are:

- Current and up to date?
- Comprehensive?
- Lacking in some topics?
- At the appropriate reading level?
- Culturally appropriate?
- Translated into relevant languages?

E1:

Yes No DK

Yes No DK

Yes No DK

Yes No DK

Yes No DK

Yes No DK

E2. Have you developed any of your own materials?

E2. Yes No DK

E3. Do the majority of caregivers in your community appear to be motivated by the teaching/counseling/assessment services provided in **prenatal** clinics?

E3. Yes No DK

E4. Is the CHR is active in promoting **healthy pregnancies** in the community?

E4. Yes No DK

E5. Do Health Clinic clerks routinely phone or send reminders to **prenatal clients** to remind them of an up-coming appointment?

E5. Yes No DK

E6. Do the majority (>80%) of prenatal clients attend 5 or more prenatal clinic visits (you may estimate)?

E6. Yes No DK

E7. Do the majority (>80%) of prenatal clients commence care prior to the third trimester (you may estimate)?

E7. Yes No DK

E8. Does virtually every pregnant woman in your community receive some prenatal care?

E8. Yes No DK

E9. Are the majority (>80%) of prenatal clients generally quite healthy?

E9. Yes No DK

E10. Is there reasonable access to community physicians, specialists, and other health care workers when client or fetus health problems are encountered?

E10. Yes No DK

F1. Can you identify the 5 most common health problems (that may or may not be being addressed by your health programs) with regards to **maternal health** in your community?

1. _____

2. _____

3. _____

4. _____

5. _____

Appendix 4: SWOT 1 Telephone Interview Questions

Infant and Child Health: Strengths and Weaknesses

A1. The goal of the Infant and Child Health program is to ensure that children achieve their potential for growth and development in a supportive, nurturing and safe environment. How well do you feel your Health Centre meets this goal?

A2. What are the strengths of the programs you offer with regards to infant and child health?

A3. Weaknesses?

A4. What do you think of the Infant and Child Health Program standards document? How could it be made more useful to you?

Overall Strengths and Weaknesses

A5. Does your Health Centre receive appropriate program support from the regional Public Health Office? How does the Regional Public Health Office support you?

A6. When requested, does your Health Centre receive appropriate program support from DHSS HQ Coordinators and Consultants? (eg. Public Health Nurse, Communicable Disease and Tuberculosis). How do they support you?

A7. Do you feel that your Health Centre could meet the goals of the Infant and Child Health and Maternal Health Programs better with more support from the Region and HQ? In what ways?

Staffing Improvements

B1. Can you suggest any improvements with regards to the staffing of your Health Centre?

B2. Should the GN attempt to hire more public health-prepared staff?

B3. Should each Health Centre hire one dedicated Public Health Nurse?

B4. With more training, could the CHR be more involved in the Infant and Child Health Program? How could they be better utilized?

B5. Should there be better orientation to the Infant and Child Health Program for all health care workers?

B6. Can you suggest in-service topics, or ongoing training opportunities that would be beneficial for your staff's professional development in the area of Infant and Child Health?

Program Improvements

C1. Can you suggest ways in which the Infant and Child Health Program can be improved?

C2. Can you suggest how resource materials (manuals, books, access to the internet) in your Health Centre could be improved?

C3. Can you suggest how Infant and Child Health Program resource materials (pamphlets, tear sheets, flip charts, etc) in your Health Centre could be improved?

C4. What would be the most advantageous mix of referral services to assist children with health and developmental problems?

Opportunities

This section looks at potential opportunities for growth and development that would improve the Infant and Child Health program in your community.

D1. Would you say there is community enthusiasm for Infant and Child Health programs? Can you give examples?

D2. Do you feel that partnerships with community groups running programs under Brighter Futures, Canada's Prenatal Nutrition Program, etc. represent an opportunity for the Health Centre to further the health of children? Is this opportunity taken advantage of in your community? If so, how?

D3. In your community, are committees of council/the Health Committee involved in working towards better child health? If so, how are they involved? What are possible opportunities for further involvement?

D4. Do you know of opportunities for accessing orientation and professional development resources or information via Telehealth or the Internet that would improve on the programs your Health Centre offers?

D5. Can you think of any other opportunities with regards to staffing and program that Infant and Child Health Programs could be improved?

Threats

Threats are obstacles, limitations and other factors that limit your staff and the effectiveness of Infant and Child Health Programs at your Health Centre.

E1. Do you know of any threats that limit the Infant and Child Health Programs either currently or might in the future?

E2. Do you see difficulties with recruitment/retention of skilled staff as a threat to Infant and Child Health at your Health Centre?

E3. Would you say that you have insufficient staff levels to fulfill both public health and illness care CHN mandates when fully staffed?

E4. Would you say that community disinterest is a threat to the success of Infant and Child Health in your community?

E5. Do you see poor referral opportunities for the clients of the Infant and Child Health Program as a threat to their wellbeing?

E6. Do you see the effects of the “anti-vaccine lobby” as a threat to the clients of the Infant and Child Health Program?

E7. Is there anything else you would like to comment on with regards to any aspect of your Health Centre’s Infant and Child Health Programs?

Maternal Health: Strengths and Weaknesses

A1. The goal of the Maternal Health Program is to promote the health of pregnant women, thereby promoting healthy newborns. How well do you feel your Health Centre meets this goal?

A2. What are the strengths of the programs you offer with regards to Maternal Health?

A3. Weaknesses?

A4. What do you think of the Maternal Health Program standards document? How could it be made more useful to you?

Staffing Improvements

B1. Should the GN attempt to hire more CHNs with previous maternal health experience?

B2. Should each Health Centre hire one dedicated midwife?

B3. With more training, could the CHR be more involved in the Maternal Health Program? How could they be better utilized?

B4. Should there be a better orientation to the Maternal Health Program for all health care workers?

B5. Can you suggest in-service topics, or ongoing training opportunities that would be beneficial for your staff’s professional development in the area of Maternal Health?

Program Improvements

C1. Can you suggest ways in which the Maternal Health Program can be improved?

C2. Can you suggest how Maternal Health Program resource materials in your Health Centre could be improved?

C3. What would be the most advantageous mix of referral services to assist prenatal clients who experience problems during their pregnancy?

Opportunities

This section looks at potential opportunities for growth and development that would improve the Maternal Health Program in your community.

D1. Would you say there is community enthusiasm for Maternal Health programs? Can you give examples?

D2. Do you feel that partnerships with community groups running programs under Brighter Futures, Canada's Prenatal Nutrition Program etc. represent an opportunity for the Health Centre to further maternal health? Is this opportunity taken advantage of in your community? If so, how?

D3. In your community, are committees of council/the Health Committee involved in working towards better maternal health? If so, how are they involved? What are possible opportunities for further involvement?

D4. Can you think of any other opportunities with regards to staffing or program that the Maternal Health Program could be improved?

Threats

Threats are obstacles, limitations and other factors that limit your staff and the effectiveness of Maternal Health Programs at your Health Centre.

E1. Do you know of any threats that limit the Maternal Health Programs either currently or might in the future?

E2. Do you see difficulties with recruitment/retention of skilled staff as a threat to Maternal Health at your Health Centre?

E3. Would you say that community disinterest is a threat to the success of Maternal Health in your community?

E4. Do you see poor referral opportunities for the clients of the Maternal Health Program as a threat to their well being?

E5. Do you see early transfer out of their communities for confinement as a factor that reduces women's participation in and compliance with the Maternal Health program standards? Have you any suggestions to address this?

E6. Is there anything else you would like to comment on with regards to any aspect of your Health Centre's Maternal Health Programs?

Appendix 5: SWOT 2 Written Survey Questions

The following is the written tool that was used in the June 2003 SWOT survey of Health Centres and Public Health Offices.

SWOT 2 Analysis of Health Programs

Health and Social Services is continuing with its review of the Community Health Nursing Program Standards and Protocol. The first component, which included interviewing and surveying NICs throughout Nunavut, has provided valuable information about the strengths and weaknesses of the Infant and Child and Maternal Health programs, as well as possible opportunities for improvements.

Similar to the previous survey, the following is based on the SWOT analysis tool. It aims to investigate the *Strengths and Weaknesses* of the School Health Program. In the follow up telephone interview questions will aim to examine *Opportunities* you see for growth and improvement within the program, and identify possible *Threats* facing the program.

Please read the questions carefully, answering by clearly checking either “Yes”, “No”, or “Don’t know” accordingly, and including detail where requested. In the same manner as previously, you will have the opportunity to comment further on Adult and School Health Programs in the telephone interview.

At the end of this survey, you will note some questions overlooked on the previous survey of the Infant and Child and Maternal Health programs. As well there are some additional questions put forth by the Department of Education’s High Needs Interdepartmental Group on the assessment of children under the age of five. Thank you for taking the time to complete the questions. Please fax the survey back to HQ upon completion.

As an involved member of health care on a community level, your opinions and feedback are a crucial element of this review. Thank you for taking the time to participate.

Name: _____

Position: _____

Health Centre/Public Health Office: _____

Adult Health: Staffing Strengths and Weaknesses

A1. Do at least some of the Community Health Nurses (CHNs) at your Health Centre have **previous training** to provide the teaching, counseling, assessment services outlined in the **Adult Health Program** standards document?

A1. Y N DK

A2. Do at least some of the Nurses at your Health Centre/Public Health Office have **previous** (previous to their current position) working experience in adult health programs with clinical expectations similar to those that you currently administer?

A2. Y N DK

A3. Have you worked **previously** in programs similar to those that you currently administer? If yes, for how long? _____ (years)

A3. Y N DK

A4. Does orientation to the **Adult Health Program** happen on the job?

A4. Y N DK

A5. Do CHNs generally adhere to the protocol as outlined in the **Adult Health** standards document?

A5. Y N DK

Adult Health: Program Strengths and Weaknesses

B1. Does your Health Centre or Public Health Office currently offer **Well Woman** clinics?

B1. Y N DK

If not, what would it take to establish and maintain a **Well Woman** clinic?

If you answered no to question B1, please skip to question B8 if yes continue.

B2. How often are **Well Women** clinics held? (ie. on a weekly/monthly basis, or other.) If "other" please explain: _____

B2. _____

B3. Do you have a standard approach to the taking of a **Well Woman's** history?

B3. Y N DK

B4. What physical assessment is routinely offered at a **Well Woman** visit?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B5. What screening or diagnostic lab and X-ray testing is routinely offered at a **Well Woman** visit?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B6. Is lifestyle counseling undertaken at a **Well Woman** visit? If yes, what are the 5 most common issues covered?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B6. Y N DK

B7. What percentage of sexually active women are screened for cervical cancer by PAP smear at least every 2 years? (You may estimate.)

B7. _____ %

B8. Does your Health Centre or Public Health Office currently offer **Well Man** clinics? If not, what would it take to establish and maintain a **Well Man** clinic?

B8 Y N DK

If you answered yes to B8 continue. If you answered no to question B8 but offer a Well Woman clinic, please skip to question B14, if not, skip to B16.

B9. How often are **Well Man** clinics held? (ie. on a weekly or monthly basis, or other.) If "other" please explain: _____

B9. _____

B10. Do you have a standard approach to the taking of a **Well Man's** history?

B10. Y N DK

B11. What physical assessment is routinely offered at a **Well Man** visit?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B12. What screening or diagnostic lab and X-ray testing is routinely offered at a **Well Man** visit?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B13. Is lifestyle counseling undertaken at a **Well Man** visit? If yes, what are the most common issues covered?

1. _____ 2. _____

3. _____ 4. _____

5. _____

B13. Y N DK

B14. Do Health Clinic clerks routinely phone or send reminders to **Adult Health Clinic** clients to remind them of an up-coming appointment?

B14. Y N DK

B15. Are the majority (>80%) of **Adult Health Clinic** clients generally quite healthy?

B15. Y N DK

B16. Is there reasonable access to community physicians, specialists, and other health care workers when **Adults** experience health problems? If not, could you please explain? _____

B16. Y N DK

B17. Do you have teaching materials for use in your **Adult Health and Wellness Programming**? If yes, please describe: _____

B17. Y N DK

B18. Would you say that teaching materials are:

- a) Current and up to date?
- b) Comprehensive?
- c) Lacking in some topics?
- d) At the appropriate reading level?
- e) Culturally appropriate?
- f) Translated into relevant languages?

B18.

- a) Y N DK
- b) Y N DK
- c) Y N DK
- d) Y N DK
- e) Y N DK
- f) Y N DK

B19. Have you developed any of your own **Adult Health** teaching materials?

B19. Y N DK

B20. Other than Adult Health Clinics, does your Health Centre or Public Health Office provide any other wellness programming? If yes, explain: _____

B20. Y N DK

B21. If you have a CHR, is s/he is active in promoting adult health?

B21:

Y N No CHR

B22. Can you identify the 5 most common health problems (that may or may not be being addressed by your health programs) with regards to **women's health** in your community?

1. _____ 2. _____ 3. _____
4. _____ 5. _____

B23. Can you identify the 5 most common health problems (that may or may not be being addressed by your health programs) with regards to **men's health** in your community?

1. _____ 2. _____ 3. _____
4. _____ 5. _____

School Health: Staffing Strengths and Weaknesses

A1. Does orientation to the **School Health Program** happen on the job?

A1. Y N DK

A2. Do CHNs generally adhere to the protocol as outlined in the **School Health Program** standards document?

A2. Y N DK

A3. Are you, or any of your staff appointed to your community's District Education Authority?

A3. Y N DK

School Health: Program Strengths and Weaknesses

B1. Do you provide school personnel with any teaching materials on specific health issues for use in instruction within the school health curriculum?

B1. Y N DK

B2. Would you say that teaching materials for the **School Health Program** are:

B2.

- a) Current and up to date?
- b) Comprehensive?
- c) Lacking in some topics?
- d) At the appropriate reading level?
- e) Culturally appropriate?
- f) Translated into relevant languages?

a) Y N DK

b) Y N DK

c) Y N DK

d) Y N DK

e) Y N DK

f) Y N DK

B3. Have you developed any of your own teaching materials?

B3. Y N DK

B4. If you have a CHR is he/she involved in promoting wellness in community's schools?

B4:

Y N No CHR

B5. Are the vast majority (95%) of children's immunizations are up to date at school entry? (You may estimate.)

B5. Y N DK

B6. Does a Dental Therapist provide service in your community?

B6. Y N DK

B7. Is there a school-based fluoride rinse program in your schools?

B7. Y N DK

B8. Does your community's school have either a breakfast and/or lunch program?

B8. Y N DK

B9. Are the majority (>80%) of **school-aged children** generally quite healthy? (You may estimate.)

B9. Y N DK

Working with Schools

C1. Do you, or a member of your staff, meet with school principal(s) each school year to discuss the school health program and develop a plan for the year?

C1. Y N DK

C2. Do CHNs meet with each teacher at the beginning of each school year to identify students at risk/having special needs?

C2. Y N DK

C3. Is there a comprehensive school surveillance register for each student deemed "at risk", or with special needs?

C3. Y N DK

C4. Are school visits scheduled on a regular basis throughout the year? If yes, how often? _____

C4. Y N DK

C5. In the past school year what types of **School Health** activities have been undertaken by your Health Centre or Public Health Office staff? (e.g. teaching, communicable disease control, administration of immunizations, etc.)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

C6. Can you identify the **5** most common health problems (that may or may not be being addressed by health programs) **with regards to the health school-aged children** in your community:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

Questions Omitted from the SWOT 1 Infant and Child Health Review

D1. What percentage of children attend the pre-school health check? (you may estimate)

D1. _____%

D2. Do Health Centre clerks routinely phone or send reminders to caregivers of an upcoming pre-school health check clinic appointment?

D2. Y N DK

D3. At the pre-school health check, are the vast majority (>90%) of childrens' immunizations reasonably up to date? (You may estimate.)

D3. Y N DK

D4. At the pre-school health check, what percentage of children in your community **present with un-resolved health issues that directly impact their ability to learn?** (You may estimate if statistics are not available)

- a) Testing inconclusive/ re-test needed
- b) Developmental delay
- c) Visual deficit
- d) Hearing deficit
- e) Physical handicap
- f) Other significant deficit (please indicate)
 - 1 _____
 - 2 _____
 - 3 _____

D4.

- a) _____%
- b) _____%
- c) _____%
- d) _____%
- e) _____%
- f) _____%
- 1 _____%
- 2 _____%
- 3 _____%

Questions Omitted from the SWOT 1 Maternal Health Review

E1. Aside from prenatal clinic visits, what other activities (e.g. prenatal classes, home visitation) are undertaken by Health Centre or Public Health Office staff in the **prenatal** period?

1. _____ 2. _____
3. _____ 4. _____
5. _____ No activities aside from prenatal clinic.

E2. Are you in contact (telephone, clinic visit or home visit) with the vast majority of **postnatal** women (95%) within a week of their returning to the community?

E2. Y N DK

If not, what percentage are you in contact with? (You may estimate.)

If no, _____%

E3. For Health Centres: In your community, what percentage of women have a 6 week post natal check-up? (You may estimate).

E3.

- We do not do the 6 week check, so I'm not sure.
 We do the 6 week check and _____% of women participate.
 Are newborns assessed at this time?

Y N DK

For Public Health Offices: In your community, what percentage of women have a 6 week post natal check-up? (You may estimate).

- We do not do the 6 week check, so I'm not sure.
 We do the 6 week check and _____% of women participate.
 Are newborns assessed at this time?

Y N DK

E4. For **public health offices** where prenatal and postnatal care may be done at a health centre/birthing centre or hospital clinic, are public health office staff involved in the teaching, counseling, and follow up of prenatal and postnatal women? If necessary explain: _____

E4. Y N DK

Questions on the Developmental Assessment of Children 0 – 5 years

The following few questions are put forth from the **Department of Education's High Needs Interdepartmental Group** on the developmental assessment of children aged 0 – 5 years.

F1. What assessment/screening tool(s) are you presently using for children up to 5 years of age?

F2. At what ages are you assessing the children?

F3. How do you ensure that all children are being done?

F4. What follow-up is being done based on the results of these assessments?

F5. How are you tracking the results of the assessments?

F6. Are you familiar with and would you recommend other assessment tools for this age group of children?

F7. Do you have any other comments or concerns specifically relating to the developmental assessment of children up to 5 years of age?

Appendix 6: SWOT 2 Telephone Interview Questions

School Health: Strengths and Weaknesses

A1. The goal of the School Health program is to ensure that **school-aged** children achieve their potential for growth and development in a supportive, nurturing and safe environment. How well do you feel your Health Centre meets this goal?

A2. What services do you offer under the auspices of the School Health program? (ie. health fairs, injury prevention activities, school teaching, etc.)

A3. What are the strengths of the programs you offer with regards to the health of school-aged children?

A4. Weaknesses?

A5. What do you think of the School Health Program standards document? And how could it be made more useful to you?

A6. If you do not utilize the CHN standards document, what document or template do you use to standardize your staff's interventions (clinical, counseling, group presentations, etc)?

A7. Do you feel that your Health Centre could meet the goals of the School Health Program better with more support from the Region and HQ? In what ways?

Improvements

B1. Can you suggest ways in which the School Health Program can be improved?

B2. Who is involved in the delivery of School Health Programs (HC staff, school staff, Health Committee, etc.)?

B3. In what ways could a CHR be more involved in this program?

B4. Are activities generally proactive/preventative or undertaken as a result of an immediate health concern? (ie. scheduled talks on health issues such as lice, or injury prevention as opposed having to teach hand washing during an outbreak of diarrhea)?

B5. Can you suggest any improvements to the way these programs are delivered?

B6. Can you suggest in-service topics, or ongoing training opportunities that would be beneficial for your staff's professional development in the area of School Health?

B7. Can you suggest any improvements to the teaching materials you use in the School Health Program?

B8. Are you familiar with the Comprehensive School Health Model? If yes, what has been your experience with this model? Do you think it could be applied in your community?

Opportunities

This section looks at potential opportunities for growth and development that would improve the Infant and Child Health program in your community.

- C1. Would you say there is community enthusiasm for School Health programs? Can you give examples? (For example, are parents supportive of health teaching in schools, demand for education on birth control, STD prevention?)
- C2. Can you suggest opportunities for growth in the Health Centres' relationship with school principals and teachers?
- C3. Can you suggest any opportunities to involve parents more in the health of their school-aged children?
- C4. Can you think of any other opportunities with regards to staffing or program that would improve the School Health Program?

Threats

Threats are obstacles, limitations and other factors that limit your staff and the effectiveness of School Health Programs in your community.

- D1. Do you know of any threats that limit the School Health Program either currently or might in the future? (i.e. Limitations to your Health Centre's involvement in the health of school age children?)
- D2. Do you see difficulties with recruitment and retention of skilled staff as a threat to the health of school-aged children in your community?
- D3. Would you say that community disinterest is a threat to the success of School Health Program in your community?
- D4. Would you say that school/DEA disinterest in the School Health Program poses a threat to the health of school children in your community?
- D5. Do you see poor referral opportunities for the clients of the School Health Program as a threat to their well-being?
- D6. Is there anything else you would like to comment on with regards to any aspect of your Health Centre's School Health Programs?

Adult Health: Strengths and Weaknesses

A1. The goal of the Adult Health Program is to ensure the provision of wellness and disease prevention/intervention programs in both clinical and community contexts – a service for the population from adolescence through the senior years. How well do you feel your Health Centre meets this goal?

A2. What are the strengths of the programs you offer with regards to adult health?

A3. Weaknesses?

A4. What do you think of the Adult Health Program standards document? How could it be made more useful to you?

A5. If you do not utilize the CHN standards document, what document or template do you use to standardize your staff's interventions (clinical, counseling, group presentations, etc)? *(In the Maternal and Child review, as many as 50% of health centre/public health office respondents were unaware of the CHN standards documents; and most of the remainder had seen it once and did not utilize it in daily practice.)*

A6. Do you feel that your Health Centre could meet the goals of the Adult Health Programs better with more support from the Region and HQ? In what ways?

Improvements

B1. Can you suggest ways in which the Adult Health Program can be improved?

B2. How is the CHR currently involved in Adult Health Programs? How could the CHR be more involved?

B3. Can you suggest in-service topics, or ongoing training opportunities that would be beneficial for your staff's professional development in the area of Adult Health?

B4. Can you suggest any improvements to the teaching materials you use in the Adult Health Program?

Opportunities

This section looks at potential opportunities for growth and development that would improve Adult Health in your community.

C1. Would you say there is community enthusiasm for Adult Health programs? Can you give examples? (For example, is there an appetite for screening programs – PAP smear, Breast exams, blood pressure monitoring - smoking cessation or nutrition sessions?)

C2. What progress have you been able to make with regards to smoking cessation in your community? Any success stories?

C3. Aside from clinic visit education, what prevention programming do you offer your adult clients? (For example, your health fairs, smoking cessation sessions, nutrition classes/sessions, PSAs, community posters, etc.)

C4. Does your Health Centre partner with any community groups to further adult health?

C5. Is the Health Committee involved in working towards better adult health? What are possible opportunities for further involvement?

Threats

Threats are obstacles, limitations and other factors that limit your staff and the effectiveness of Adult Health Programs at your Health Centre.

D1. Do you know of any threats that limit the Adult Health Program either currently or might in the future?

D2. Do you see difficulties with recruitment and retention of skilled staff as a threat to Adult Health programs at your Health Centre?

D3. Would you say that community disinterest (poor attendance at clinics, poor responses to education, community doesn't actively solicit educational sessions, health fairs) is a threat to the success of Adult Health in your community?

D4. Is there anything else you would like to comment on with regards to any aspect of your Health Centre's Adult Health Programs?