

# REACH'NBC

Volume 3, No. 1, May 2020

A newsletter published by the Community Health Nurses of British Columbia (CHNBC)

Welcome to the 3<sup>rd</sup> edition of **REACH'NBC**! This newsletter is intended to give community health nurses voice, increase connection, and showcase the amazing and specialized work of Community Health Nurses in BC and Canada to promote health. All domains of community health nursing (practice, policy, administration, research, and education) are included.

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The 2020 theme is **Nurses: A Voice to Lead — Nursing the World to Health**. The theme was developed by the International Council of Nurses (ICN) to showcase how nurses are central to addressing a wide range of health challenges. ICN says the theme will help raise the profile of the profession and attract a new generation into the nursing family. This theme was chosen long before the COVID-19 pandemic began – nurses across the globe have a central role in “nursing the world to health”.

For more information, you can follow CNA on [Facebook](#), [Instagram](#), [Twitter](#), [LinkedIn](#) and [YouTube](#)

## National Nursing Week 2020 and Year of the Nurse!!

### History:

- **1971:** ICN designated May 12, the birthday of nursing pioneer Florence Nightingale, as International Nurses Day.
- **1985:** CNA members passed a resolution to begin negotiations with the federal government to have the week containing May 12 proclaimed as National Nurses Week annually. Soon after, the federal minister of health proclaimed the second week of May as National Nurses Week.
- **1993:** Name changed to **National Nursing Week** to emphasize the profession's accomplishments as a discipline.
- **2020:** The World Health Organization (WHO) designated 2020 as the **Year of the Nurse and Midwife** in honour of the 200th anniversary of Florence Nightingale's birth on May 12, 2020. - See more at: <https://www.cna-aiic.ca/en/news-room/events/national-nursing-week#nnw>

**Quote:** “National Nursing Week is a great opportunity to recognize the leadership role of all regulated nurses in Canada.” CNA president Claire Betker RN, MN, PhD, CCHN(C)



## When it is no longer your call: Managing the eroding public health nurse role Dissertation Summary Submitted By: Megan Kirk RN, BScN, MSc, PhD(c)

I am a PhD nursing student at the University of Victoria with a special interest in public health nursing. During my doctoral education, I volunteered in a local health unit in British Columbia (BC) and worked alongside public health nurses (PHNs) every Saturday morning for two years. The time I spent with these PHNs was instrumental to my learning about PHN concerns, and significantly shaped my dissertation research. At the same time, I was working on a large research project studying the renewal of public health systems and services in BC and Ontario, titled Renewal of Public Health Systems (RePHs). Together, these experiences played a significant role in shaping the focus of my dissertation research project. Given the limited research exploring the impact of healthcare reform and public health renewal processes on public health nursing practice, I decided to delve more deeply into this area of exploration by studying PHNs' practice concerns related to public health system reform and restructuring in three health authorities in BC.

A few years ago, a number of PHNs, as well as a few public health nursing managers, from across much of BC shared their ideas and insights with me regarding changes they had witnessed in public health nursing practice. These nurses were generous with their time and thoughtful in their responses, detailing specific organizational and provincial level changes that have had a significant influence on the nature and effectiveness of PHNs' role. I used the qualitative methodology of grounded theory to explicate PHNs' concerns about events and decisions that had taken place locally, regionally, and provincially over several decades, which have slowly undermined the capacity and autonomy of PHNs. This process helped to highlight a variety of challenges that nurses shared across many practice settings, such as organizational and policy changes that have reduced the range of PHNs' activities and deteriorated the quality of PHNs' programs and services. I also used this research methodology to explain how these nurses managed the erosion of their role.

Many PHNs in my dissertation study explained how they were concerned about changes they had witnessed in practice, particularly the erosion of their practice, and how they were finding it increasingly difficult to be effective in broad health promotion and community development efforts. Nurses highlighted changes, such as cuts to the public health budget, the disbanding of health unit structures, the appointment of leaders who lack public health or public health nursing knowledge and experience, and the increase in mandated targeted public health nursing programs with a corresponding decrease in universal programs, which together undermined the role of public health nursing in communities and worsened population health outcomes. Nurses across several settings discussed how they were losing autonomy in their role, losing support within the organization to maintain high quality services, as well as losing flexibility in their day-to-day activities to address local community issues.

As a result, nurses in the study engaged in the process of *managing the eroding public health nurse role* and used **five strategies to navigate changes negatively affecting their role**. In *standing tall*, nurses advocated for their practice and pushed back against decisions that jeopardized the quality of public health nursing programs and services with varying degrees of force. PHNs also worked within organizational expectations and constraints in the process of *getting by*. In *going underground*, several nurses harnessed their community connections and attended to community issues they believed went unaddressed. A number of nurses, dissatisfied by the state of their role, were *contemplating getting out* and considered other employment possibilities. Throughout the process of navigating external changes affecting practice, many nurses restored their dedication to the PHN role in *reaffirming commitment*.

This research helps to provide policy and decision-makers with knowledge of how healthcare reform and public health restructuring processes have shaped public health nursing programs and services. We must continue to share the important work of PHNs, as well as take steps to support nurses to use their knowledge and skill to navigate a complex and changing practice landscape. Autonomous PHN practice is paramount to continue to make progress in improving population health and reducing health inequities. During this global COVID-19 pandemic, and always, nurses must come together to demonstrate what we do, the difference that we make, and champion health and well-being in our communities.

This summary provides a brief overview of my dissertation project. To find out more about this study, please feel free to contact me (Megan Kirk) at [kirkm@uvic.ca](mailto:kirkm@uvic.ca).



University  
of Victoria

CHNBC wishes Megan every success in completing her PhD. Goodluck, Megan!! Thank you for this submission!!



## A Family Photo from Haida Gwaii, BC

Printed with Permission

Len, Deena, and Isabel Arens wearing their custom-made masks to protect themselves and others in their family from COVID-19. The masks were made by a company in Nanaimo. Len's mother, Joanne Yovanovitch, purchased the masks for her kids and grandkids. 😊

**Thank you to the Arens/Yovanovitch family  
for sharing the heartfelt photo with the Community Health Nurses of BC**

## Celebrating Nurses in Specialized Community Health Roles by Heather Ouellette

Community Health Nurses come in many different flavours and bring knowledge, skill and excellence to their practice. The **three programs highlighted here** are highly specialized and the nurses really develop their expertise in working with persons with physical and/or developmental disabilities in addition to their already strong assessment skills and knowledge of community health. The nurses in these programs identify gaps within and between the systems and advocate for changes to improve the health and well-being of their clients. **That's their real super power – advocacy!**

### **Nursing Support Services**

This provincially run program assists parents and caregivers of children and youth with medical complexities to lead active, healthy lives in their communities. We are community-based RNs who work in partnership with families, physicians, nurse practitioners, schools, community agencies, nursing agencies, hospital teams and MCFD.

The majority of the work done by these dedicated community nurses involves Delegation of Tasks to Unregulated Care Providers (in compliance with the BCCNP Nursing Practice Standard) within the school setting. This involves teaching and supervising school staff to care for children with diabetes, seizure disorders requiring rescue medication, tube feeds, oral suctioning, catheterization, and other tasks usually done by nurses.

Another important role is child health assessment and coordination of in-home respite care for children who have conditions that require the knowledge and judgement of a nurse in the absence of parents. These are children who may have a tracheostomy, require supported ventilation (ventilator, BiPAP, CPAP), peritoneal dialysis, have a life-limiting/palliative diagnosis, or any other condition needing the support of a nurse. The NSS coordinator works in collaboration with the contracted nursing agency that provides, trains, schedules, and supervises the RNs/LPNs who do the in-home respite. The third role is to complete eligibility assessments for the At Home Program (MCFD program). This is a functional assessment to determine the child's physical abilities in the four functional areas of: eating, washing, dressing, and toileting, requiring direct observation of the child and family in the home or other care setting.

Information on the NSS program can be found at <http://www.bcchildrens.ca/our-services/sunny-hill-health-centre/our-services/nursing-support>. Information about the At Home Program can be found at <https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/special-needs/complex-health-needs/at-home-program>.

### **Health Services for Community Living**

Health Services for Community Living (HSCL) provides professional consultation, care planning, education, advocacy, and direct care for persons age 19+ with documented developmental disabilities, who are eligible for support and services through Community Living BC (CLBC). CLBC operates with funds from the BC Ministry of Social Development and Poverty Reduction to support adults living with developmental disabilities and their families in British Columbia. **Continued on next page**

**Cont'd** HSCL is a non-emergency service that adds to and complements existing formal and informal community services. Specific services are based on the health authority's assessment of care need, policies for the provision of health services, and the [Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities](#) (January 2010) and may include:

- Nursing assessment and care planning
- Rehabilitation, including customized seating and mobility options
- Nutrition assessment for tube fed clients
- Dental Hygiene services
- Referral for dysphagia assessments
- Referral to specialists, locally & provincially



HSCL RNs address the importance of health in its broadest sense, i.e. optimal physical, emotional and intellectual health for the individual in their community. The RNs implement individualized care plans designed to meet client's health and safety needs, train and support family and paid caregivers. This includes Delegation of Task to Unregulated Care Providers in a variety of community settings, in compliance with the BCCNP Nursing Practice Standard.

Regionally, HSCL programs operate as part of Home and Community Care services. To find eligibility information, check your local Health Authority website, and the CLBC website <https://www.communitylivingbc.ca/>.

### ***Developmental Disability Mental Health Services***

Developmental disabilities mental health services (DDMHS) provides specialized community mental health services for ages 14+ (12+ in Vancouver) who live with co-existing developmental disabilities and a mental illness. Individuals may also struggle with behavioural challenges that are often influenced by the mental illness and developmental disability.

Clients must have a documented developmental disability and be eligible for services from Community Living BC (CLBC). Youth 12-18 are referred by Children and Youth Special Needs Program in the Ministry of Children and Family Development (CYSN/MCFD).

The team includes experienced community mental health care providers who regularly liaise and collaborate with other community mental health program providers and with hospitals for D/C planning. An important role is helping families navigate and coordinate transition from youth to adult services available through CYSN/MCFD, CLBC, Health Services, Supports to Adults with Developmental Disabilities (STADD), and income support programs.

Registered Nurses and/or Registered Psychiatric Nurses working with the individual will assess mental health status, behavioural challenges, current medications and therapies the person is accessing or eligible for. The nurse collaborates with the client, caregivers, funding sources, community service providers, and health providers to develop a comprehensive, individualized care plan to maintain the health and safety of the individual living in the community. Consultation, coordination, teaching and capacity building are critical skills demonstrated by these nurses.

RN/RPNs function within a multidisciplinary team that may include Social Workers, Psychologists, Behaviourists, and Psychiatrists. Specific services are based on assessment of care need, policies for the provision of health services, and the [Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities](#) (January 2010) and will depend on the availability and capacity of local/regional mental health resources. Regionally, DDMH programs operate as part of Mental Health and Substance Use services. To find eligibility information, check your local Health Authority website, and the CLBC website <https://www.communitylivingbc.ca/>.

### **Submitted by:**

**Heather Ouellette MSc, BScN, RN, CCHN(C)**

**Program Lead, Specialized Services, Northern Interior** (D DMH, HSCL, NSS programs)

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[www.youtube.com/NorthernHealthBC](https://www.youtube.com/NorthernHealthBC)

**THANK YOU, HEATHER, FOR SHARING THIS INFORMATION.**



## Nightly Community Drumming In Honour of Frontline Workers

Numerous First Nations Communities in the Interior, as well as other parts of the Province, are coming together while maintaining social distancing to drum every evening at 7 pm for frontline workers. They sing and drum for those on the Covid-19 frontlines - healthcare providers, support staff, food and grocery workers, delivery workers, and anyone else involved in the work and fight against Covid-19. Many have expressed that it is refreshing to sing and drum so regularly all together (and outside of funerals). Young children are coming out, bringing their drums, and are learning new songs to add to their repertoire. Singing and drumming in gratitude is unifying, encouraging, and life giving. We raise our hands in gratitude for this uplifting encouragement!

Photo and story submitted by Shauna, CHN, on behalf of Community Health Nurses working for and in First Nations Communities in BC.

Permission granted from the community to share this story and they chose to remain humbly anonymous.

Kukstsemc (Thank you) from Community Health Nurses working for and in First Nations Communities



## Fraser Health Population and Public Health (PPH) Response to COVID-19

**Submitted by: Janice Germaine, RN, Public Health Manager, Population and Public Health Team, Fraser Health Authority**

We celebrate the Fraser Health Population and Public Health team for their compassionate advocacy and collaboration in their COVID-19 response.

Fraser Health Public Health Nurses and Allied Health professionals supporting people who tested positive for COVID-19 quickly identified the need to advocate for vulnerable clients and families. Social isolation is complex and difficult for many people. People who experience limited social/financial resources, language barriers and other health inequities have unique support needs in enacting COVID-19 public health measures. In response to these concerns, Population and Public Health collaborated with Mental Health and Substance Use and Fraser Health Diversity Services to create additional resources and access points for clients impacted by COVID 19. It is a rewarding and humbling time where everyone has mobilized their resources and caring.

The Population and Public health COVID-19 response team includes Public Health Nurses, Medical Health Officers, Epidemiologists, Communicable Disease Nurse Coordinators, Clinical Nurse Educators, Health Protection and Environmental Health Officers, Speech Language Pathologists, Audiologists, Dental Hygienists, Administrative support and others.

Janice Germaine supports the Population and Public Health team in Fraser Health's Professional Practice unit.

**Additional Contact: Gayle Allison, RN, MN, CCHN(C), Clinical Practice Consultant, Professional Practice**  
**Office: 604-953-5112 Local 769589; [gayle.allison@fraserhealth.ca](mailto:gayle.allison@fraserhealth.ca)**

**Nursing Job Description from 1887**  
**Reprinted from Prince George Hospice Society**

*Nursing Job Description*  
*from 1887*

1. Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.
2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
3. Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks.
4. The nurse's notes are important in aiding your physician's work. Make your pens carefully; you may whittle nibs to your individual taste.
5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath, on which day she will be off from 12 noon to 2 p.m.
6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if you go regularly to church.
7. Each nurse should lay aside from each payday a goodly sum of her earnings for her benefits during her declining years, so that she will not become a burden. For example, if you earn \$30 a month, you should set aside \$15.
8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.
9. The nurse who performs her labors & serves her patients and doctors faithfully and without fault for a period of 5 years will be given an increase by the hospital administration of 5 cents per day.



**Nursing in Uncertain Times**

Excerpt from editorial by Sally Thorne  
UBC School of Nursing

[Nursing Inquiry](#); Volume 27, Issue 2, page 1-2, April 21, 2020

*“Uncertain times like these are often the times when nursing shines. Nurses who show up for work under increasingly complex and compromised conditions, demonstrate considerable self-sacrifice in serving while others are withdrawing from service in self-protection. And we continue, despite the chaos, to ‘be there’ for individuals, reaching out where and when we can to ensure that the spirit of caring is never lost. When this current crisis is over, and we begin to return to a new normalcy across our health care systems, let's ensure that those who have decisional authority never forget why all of our health care systems need nursing.”*

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**Re-claiming Nursing Advocacy and Community Organizing in BC**  
**Through the Support of Interdisciplinary Health Promotion Networks**

**Submitted by Shari Laliberte R.N., Ph.D.**

**Faculty, Nursing, School of Health Sciences, Vancouver Community College**

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[Health Promotion Canada](#) is a national non-profit organization exclusively devoted to advancing the practice of health promotion in Canada. It was formed in 2016 to support and promote the newly developed [Pan-Canadian Health Promoter Competencies](#) (developed with funding from the Public Health Agency of Canada). It is a member-based organization and is made up of inter-sectoral health promotion practitioners from across Canada working in public health as well as other parts of the health care sector, the social care sector, municipalities and non-governmental organizations. Annual paid membership allows members to access tools to support the use of the Health Promoter Competencies, as well as access network members, and participate on various professional development, recognition and advocacy committees. Members also volunteer to support activities at the provincial/territorial level through participation with their regional chapter/network.

**Continued on next page.....**

Health Promotion BC, the provincial affiliate of Health Promotion Canada- has created several platforms to support interdisciplinary, inter-sectoral health and social service professionals and wider civil society partners to connect and develop networks that advance health promotion across systems of care in B.C. Networks may variously focus on developing communities of practice to support professional development, engage in health equity advocacy and/or collaborative research.

Below are ways to connect with the HP-BC community:

- **To connect with fellow health promoters in BC:** [Linked In page](#)
- **To be added to the HP-BC email list serve** to receive our newsletter and updates on their yearly forum, join here: [HP BC Email Listserve](#)
- **Email address:** [healthpromotionbc@gmail.com](mailto:healthpromotionbc@gmail.com)
- **For videos of previous HP-BC related events:** [Health Promotion BC YouTube Channel](#)
- **For photos of HP-BC's events:** [HP BC Flickr Album](#)

Health Promotion-BC's Working Group on the Social Determinants of Health (SDOH) has recently launched the "Vancouver Health for All Network" initiative that aims to engage interdisciplinary health and social service providers, Indigenous citizens, community organizers/advocates, and interested citizens in the Vancouver area to address the SDOH of diverse members of the Vancouver area. They are also working to develop resources to support the development of Health for All Networks in cities across B.C.

**Ways to connect with the Vancouver Health for All Network- Musqueam, Squamish, and Tsleil-Waututh lands, Unceded Coast Salish Territory:**

- **Email:** [Vancouverhealthforall@gmail.com](mailto:Vancouverhealthforall@gmail.com)
- **To exchange resources with Vancouver health promoters:** [Vancouver Health for All Network private Facebook page](#)

## **Opportunities for advocacy to address the social determinants of health**

### **Basic Income policy in Canada**

A letter has been drafted by Dr. Jennifer Brady, Assistant Professor of Applied Human Nutrition, Mount Saint Vincent University, Halifax, Nova Scotia to offer a statement of support from Canadian health professionals for a basic income policy from a health perspective to support letters that have been sent by Canadian Senators, the Basic Income Youth Network, and the Lutheran and Anglican Bishops. **If you would like to add your name to this letter, you can sign it via Google Docs [here](#) or email .** Please add your name, health profession, affiliation, and contact information to the letter. **If you prefer not to use Google Docs,** Please send Dr. Brady your name, health profession, affiliation, and contact information, and she will copy and paste it into the letter: [jennifer.brady@msvu.ca](mailto:jennifer.brady@msvu.ca) Finally, **if you would like to CC your professional organization/association,** please let Jennifer Brady know (and send a contact email if possible) and she will be sure to CC them. She plans to CC her national professional association, Dietitians of Canada.

### **Green New Deal health-focused policy platform**

The Public Health Association of BC has developed a health-focused **Green New Deal** policy platform. Dr. John Millar, former provincial health officer of BC argues that this is *a historic opportunity for upstream health promotion*. To review the platform and to learn about ways to advocate for this platform with your MPs, visit Dr. Millar's overview of this platform here: [Dr. John Millar guest speaker with Vancouver Health for All Network's launch meeting](#) , watch for updates on the [PHABC](#) website, or go to the [Our Time](#) advocacy page.

*Thank you to Shari Laliberte for providing CHNBC with all these opportunities to get involved in community organizing and advocacy in our communities and for keeping us up-to-date on what is happening.*

## JUST NOTICING

### Poem by Donna Martin

When I need some balance,  
The sound of silence sings its song,  
And carries me so gently to  
A land beyond "it's right or wrong".  
When I need an insight,  
The whispers of the old wise ones  
Can penetrate the fog of thoughts  
And bring a light that's like a sun.  
And when I need uplifting,  
To rise above heart heaviness,  
A sense of joyful gratitude  
Can bring a smile of happiness.  
But when I am too weary  
To hear the song of silence sing,  
When whispers stop, no smile, no joy,  
I rest into just noticing.  
Just noticing whatever's there,  
A breath comes in, a breath goes out,  
Surrounded by and filled with air,  
Just noticing becomes my prayer.

Submitted by **Gayle Allison, RN, MN, CCHN(C)**

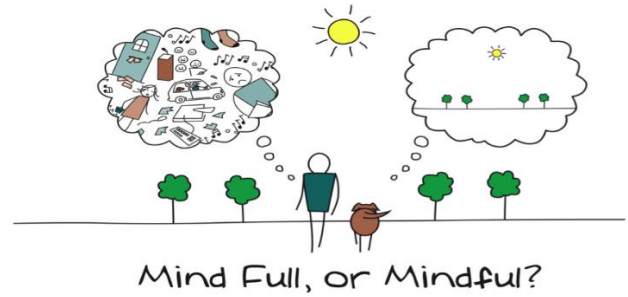
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<http://myinnerbalance.net/just-noticing-by-donna-martin/>



### Self-Care Wheels

Download PDF version here: [Self Care Wheel English pdf](#)



## COVID-19 is a Fast-track to Health in All Policies

This article has also been published in theyee.ca. Submitted By Vanessa Brcic – Family Physician; Vice-Chair & Co-founder, Basics for Health Society; Research Associate, CCPA-BC

Heartbreaking stories have emerged from their regular invisibility during the pandemic – [hungry](#) children, [isolated](#) elders, [violence](#) and [child abuse](#), often with poverty or trauma at the root. Injustices experienced by many people in Canada predated the pandemic, and it hurts to witness it.

Meanwhile, equitable societies are [better for everyone](#) in them. In January, an article in the Canadian Medical Association Journal called for immediate action on injustices through “[Health in all Policies](#)”. Within a month, we are doing it. We mustn’t forget this as the lure of austerity and economic recovery post-COVID forces these injustices back under a cloak of “normalcy”.

**Equity** is that painful lens the virus is forcing us to look through en masse, through which we see injustice: What is making people sick? Who is falling through the cracks and suffering health consequences as a result? Who is being marginalized by systems set up to fail them? We have been forced to pay attention to these (same old) questions during the pandemic, because isolation is a privilege, we are in this together, and we have an ethical obligation to not further marginalize people through pandemic action plans.

Many of us have been fighting for recognition of inequities – and poverty as an epidemic of its own – for [decades](#), with minimal traction. We are told to avoid using terms like social determinants of health, because it “turns people off”. Truth is, people don’t like thinking about inequity because it makes people with privilege uncomfortable, and the solutions are complex.

But discomfort is alleviated through action. Suddenly, a virus emerges that rallies us:

- [Financial aid](#), [small boosts](#) to inhumane welfare rates, and discussion about [universal basic income](#).

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- Job protection for long term care workers in BC, and attention to [horrific](#) conditions linked to the [privatization of elder care](#).
- A hard look at [food security](#) and the injustice of relying on [charitable food banks](#).
- Help for people experiencing [homelessness](#) (In March, an interdisciplinary group including me published [evidence-based guidelines](#) on this topic; we need more movement towards [housing first](#)).
- Access to a [safe drug supply](#).
- And [more](#).

This is why we need a “[Health in all Policies](#)” approach. Acting [upstream](#) is better for everyone and saves money on health care by not entrapping people in unhealthy conditions that we know lead to downstream disease – Like forcing families on social assistance to live below the poverty line, and not giving them a (meagre) supplement for healthy food until after they are diagnosed with diabetes.

The landscape of people struggling during the pandemic is vast, and the [mental health](#) and [intergenerational](#) impacts of stress are less visible than COVID statistics. The logistics of getting (and affording) basic needs is overwhelming for single moms, elders, people with disabilities, mental illness, and many others. Too many working Canadians live without a safety net, and [many groups are urgently calling](#) for guaranteed livable incomes.

Many of the people on the pandemic’s “front line” are undervalued too: people staying home with insufficient support, food producers, farmers, grocery staff, couriers, janitorial staff, daycare providers, support workers. Let’s cheer for them at 7pm and fight for living wages for them too.

Evidence of the inequitable impacts of the virus is [mounting](#). Impacts on those with less privilege are more visible in [New York](#), and [globally](#), where isolation may cause more death from deprivation and preventable disease than COVID-19 ever would. But Canada too has [income inequality](#), [child poverty](#), [gender inequity](#), and [Indigenous communities](#) with limited health care capacity. The pandemic is exacerbating inequity here as well.

Considering the health impacts of all policies will enable us to confront looming questions: How will we act on the parallel epidemics of [opioid addiction](#), [mental illness and child abuse](#)? Are elders in long term care facilities [suffering more](#) from neglect and isolation than they would be from an earlier death? What about those grieving [devastating tragedies](#) alone? These are difficult questions to answer, not excuses for inaction.

COVID-19 presents an opportunity for public health systems to act in ways that they are good at, and ways that they are not. There is a protocol for pandemic management, so we act. The same doesn’t quite exist for inequities, but there is [evidence](#) and momentum.

A “health in all policies” approach has begun in the pandemic and can extend beyond it. We need more critical thinking and continual improvement through error, both in social policy and in [health care](#). Health care reforms must re-orient towards equity, and where programs are insufficient or incomplete, we can roll out better solutions. We started with urgent policy responses, and now is the time to get [collaborative](#) by engaging the public and equity-oriented organizations.

Inaction on inequities now will compound harms of the pandemic. By protecting the most vulnerable during the pandemic, we are on a faster track to bridging [social and health inequities](#). We can’t stop. Acts of [altruism and generosity](#) are keeping us going. Now is our time to make that happen in all policies, so that we don’t leave anyone behind, through the COVID era and beyond.

**Note:** Why publish an article in a nursing newsletter from a medical doctor? 🙏 Dr. Brcic (Vanessa) is a physician who supports the Community Health Nurses of BC and in her work for the Basics for Health Society, she advocates for representation from multi-disciplinary providers at the non-profit planning table. She also chaired a committee regarding physicians and the social determinants of health. Thank you for submitting the article, Vanessa!!

## COURSES RELEVANT TO COMMUNITY HEALTH NURSES



HIV and hepatitis C courses for service providers

We offer instructor-led courses that combine online education with discussion forums and live training facilitated by knowledgeable CATIE educators. All participants receive a certificate of completion.

### Partnered courses

We partner with organizations to offer eduCATIE+ courses to frontline workers. To find out how your organization can participate, please contact [Christie Johnston](#).

The following courses are currently being offered in English. French-language courses are outlined [here](#).

### Hepatitis C Basics

CATIE's Hepatitis C Basics course aims to provide foundational knowledge of hepatitis C, covering topics such as hepatitis C transmission, testing, treatment, prevention and health literacy. This is an introductory-level course geared toward service providers who work with people at risk of or living with hepatitis C.

- **Open registration** (Canada-wide)  
[June 1 to June 26, 2020](#)

### Preventing the Sexual Transmission of HIV

CATIE's Preventing the Sexual Transmission of HIV course aims to develop core knowledge on the prevention of sexual transmission of HIV for frontline service providers who have a role in HIV prevention. Through this course, participants will gain in-depth knowledge of the biology of the sexual transmission of HIV and emerge with a concrete understanding of how to prevent HIV through the use of highly effective prevention strategies and other risk reduction tools. Participants should have a basic understanding of HIV prior to taking this course.

- **Open Registration** (Canada-wide)  
[May 19 to June 19, 2020](#)
- **Pacific** (British Columbia and Yukon)  
[September 8 to October 2, 2020](#)

**HOLD the DATE: Public Health Summer School 2020 "Think Globally, Act Locally - Public Health and the Anthropocene"**

**Dates: Thurs. July 9 & Fri. July 10, 2020 | [online](https://phabc.org/save-the-date-public-health-summer-school-2020-july-9th-10th-2020/)**

The Public Health Association of BC will be holding their 11th annual public health summer school.

**Partners:** Saskatchewan Public Health Assoc., Public Health Agency of Canada, Yukon Public Health Community of Practice, & Manitoba Public Health Assoc.

### Hepatitis C Treatment

CATIE's Hepatitis C Treatment course aims to develop in-depth knowledge on the treatment of hepatitis C for frontline service providers working with clients who have hepatitis C or are at risk for hepatitis C. Through this course, participants will gain information on the benefits of treatment and an overview of what treatment for hepatitis C typically includes. This course will help participants to be able to accurately answer client questions on hepatitis C treatment options, access to treatment, and additional considerations for treatment. Participants will emerge with strategies to support clients before, during, and after treatment.

- **Pacific** (British Columbia and Yukon)  
[July 6 to July 31, 2020](#)

### HIV Basics

CATIE's HIV Basics course aims to build foundational knowledge of HIV, covering topics such as HIV epidemiology, transmission, testing, treatment, prevention and the long-term impact of HIV infection. This is an introductory-level course geared towards service providers who work with people at risk of or living with HIV.

- **Open registration** (Canada-wide)  
[July 7 to August 14, 2020](#)

### HIV Treatment

CATIE's HIV treatment course aims to develop in-depth knowledge of HIV treatment for frontline service providers working with people who are living with HIV. Throughout this course, participants learn how HIV treatment works in the body, what being on HIV treatment means, how HIV develops drug resistance and how to support clients with adherence. By exploring different drug regimens and the importance of adherence, participants will leave this course with strategies on how to support people who are newly diagnosed, starting treatment, changing treatments and staying on treatment.

- **Open registration** (Canada-wide)  
[May 19 to June 12, 2020](#)

**Canadian Nurses Association  
Coffee With Dr. Claire Betker, CNA President  
Webinar Every Friday**



**Next: May 12, 2020; 9 – 9:45 am Pacific Time**

**How to register:**

[https://zoom.us/webinar/register/WN\\_z-0298BETXeZFaUi-6l3pg](https://zoom.us/webinar/register/WN_z-0298BETXeZFaUi-6l3pg)

## JOINING CHNBC/CHNC, COURSES, CONFERENCES AND WEBINARS AVAILABLE

### JOIN Community Health Nurses of BC

Monthly Noon Meetings; 4<sup>th</sup> Tuesday of the month; 12 to 1 pm. Want to connect with other CHNs in BC? Email [donna.jepsen@gov.bc.ca](mailto:donna.jepsen@gov.bc.ca) and we will add you to the invite. Membership is free.

### National Community Health Nurses of Canada (CHNC)

<https://www.chnc.ca/en/conference>

Conference is May 12 to 14, 2021 in Richmond, BC

### Webinar: Canadian Association on Gerontology

#### “Taking Advantage of a Crisis: Long Term Care”

Dr. Dorothy Pringle, Professor Emeritus in Nursing, University of Toronto; **Thursday, May 21, 2020; 9-10 am** Pacific Time. Registration is free!

Register Now: <https://form.jotform.com/93054581903256>

If ever Sir Winston Churchill’s advice to “never let a good crisis go to waste” was relevant, it is now. The effect of the Covid-19 pandemic on the long term care sector in Canada has been described as a national disaster, a tragedy, a national disgrace. Yet the makings of this disaster have been in plain sight for years. Did we choose not to see them? If we did, why? On May 21st, we will get together to examine the crisis in long term care, explore what our responsibility is or should be to it and discuss where we go from here in addressing it.

Other archived webinars: <https://cagacg.ca/webinars>

### Webinar: Home Care Nurses and the Canadian Community Health Nursing Standards of Practice

#### The revised 2019 community health nursing Standards of Practice: What home health nurses need to know!

Recorded January 21, 2020 [https://youtu.be/vkK\\_ggArZpl](https://youtu.be/vkK_ggArZpl)

This webinar will provide an overview of the revised [2019 Canadian Community Health Nursing Professional Practice Model and Standards of Practice](#), with a particular emphasis on home health nursing (HHN). With implications across all five domains of community health nursing — including practice, admin/leadership, education, research and policy — this overview of the standards will help you understand how your HHN practice can/does align with the standards. The webinar will provide an overview of the standards themselves, the evidence-based changes made (including intentional language changes), new practice expectations, and the one new standard. Listen to the national webinar led by home health nurses involved in the Standards Committee of the [Community Health Nurses of Canada](#).

## Resources for Community Health Nurses



### Children’s Mental Health Research Quarterly

The *Quarterly* provides summaries of the best available research evidence on a variety of children’s mental health topics, prepared using systematic review and synthesis methods adapted from the [Cochrane Collaboration](#) and [Evidence-Based Mental Health](#). Our goal is to improve outcomes for children by informing policy and practice. The BC Ministry of Children and Family Development funds the *Quarterly*.

Current issue: Vol. 14 No. 2 — [Mental Health Treatment: Reaching more kids](#)

<http://childhealthpolicy.ca/the-quarterly/>

### Canadian Centre on Substance Use and Addiction (CCSA)

CCSA in partnership with the Mental Health Commission of Canada (MHCC), has developed two fact sheets with tips on how to manage stress and reduce the harms associated with using alcohol, cannabis and other substances during the COVID-19 pandemic:

- [Coping with Stress, Anxiety and Substance Use During COVID-19](#)
- [Managing Stress Anxiety and Substance Use During COVID-19: A Resource for Healthcare Providers](#)

We encourage you to share these documents with your networks. They are available for download from CCSA’s [COVID-19 resource centre](#) along with a collection of other resources on substance use and COVID-19.

**New made-in B.C. guideline:** helps fill a crucial gap in the province’s system of care for people with addictions. The **Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder** was announced by Judy Darcy, Minister of Mental Health and Addictions, and representatives from the BC Centre on Substance Use (BCCSU) in Vancouver. Read the guideline: [www.bccsu.ca/aud-guideline](http://www.bccsu.ca/aud-guideline). Read a summary of the guideline recommendations: [www.bccsu.ca/aud-recommendations](http://www.bccsu.ca/aud-recommendations)

## MORE NEWS!

### BC Nursing Policy Secretariat

Submitted by Carolyn Solomon, Manager, Nursing Policy Secretariat, Health Sector Workforce and Beneficiary Services Division, BC Ministry of Health, [Carolyn.solomon@bc.ca](mailto:Carolyn.solomon@bc.ca)

The Nursing Policy Secretariat (NPS) is situated within the Office of the Associate Deputy Minister, Clinical Leadership at the Ministry of Health. This secretariat has a provincial mandate to advance the achievement of nursing health system policy goals and objectives that guide and strengthen service delivery across B.C. This includes the implementation of the [priority strategic recommendations](#) to shape the future of nursing regulation, practice, and education; and advance the quality of care for all British Columbians.

#### **Perspectives and Contributions of Nurses in the Region of the Americas to Achieve Universal Health and Primary Health Care**

The Nursing Policy Secretariat contributed to the 2020 PAHO/WHO/UICCON publication: Perspectives and Contributions of Nurses in the Region of the Americas to Achieve Universal Health and Primary Health Care as part of a collection of nurses' stories from all over the Region of the Americas to highlight best nursing practices that advance primary health care (PHC) and universal health. The stories will help launch the PAHO/WHO-sponsored celebration of 2020—The Year of the Nurse. Refer to [The Role and Scope of Nurses in Primary and Community Care in British Columbia](#) to read more about B.C.'s initiatives to support advancement of universal access to primary care such as implementing team-based primary care; developing a nursing practice education and transition model; and advancing the integration of nurse practitioners into the B.C. healthcare system.

#### **Nursing Policy Secretariat: Responding to the COVID-19 Pandemic**

The Nursing Policy Secretariat has been working with the Ministry of Health's Health Emergency Coordination Centre (HECC), other ministries, health authority Chief Nursing Officers, the BC College of Nursing Professionals, Nurses and Nurse Practitioners of BC, and other partners to optimize the nursing role and support nurses to address the new realities of the changing healthcare landscape. Here are just a few of the highlights of the collective response:

- Nursing Scope of Practice: enabling system processes for RN/ RPN/ LPNs to test for Covid-19
- Health Human Resources:
  - enablement of temporary emergency registration for all nursing disciplines and employed student nurses by the BC College of Nursing Professionals to address the increased demand for nurses. As of April 28, 2020, 485 nurses have signed up to the temporary emergency registration
  - adaptation and activation of Health Link BC's Emergency Health Provider Registry (EHPR) to provide a pathway to connect nurses and other health care providers to employment settings
  - reconfiguration of the pathway for out-of-province HCAs to support hiring of HCAs for the pandemic surge.
  - assisted the Ministry of Agriculture to develop self-isolation plans and support health care needs for over 1,000 Temporary Foreign Workers arriving in B.C.
- Education:
  - development and delivery of an online fast track BCIT education program for RNs and other Health Care Providers focusing on telemetry monitoring, high acuity care, and critical care including mechanical ventilation. To date there have been over 8500 learners in the program with a close to 90% completion rate.
  - Work is underway in partnership with the Nursing Policy Secretariat, Ministry of Advanced Educations, Skills and Training, health authorities, the Nursing Education Council of BC, and the Health Education Reference Council to support the continuity and completion of clinical placements to support graduation of nurses and HCAs.
- COVID-19 Response Operations:
  - NPS staff joined the Ministry's Health Emergency Coordination Centre (HECC) and contributed to creating clinical guidelines and providing advice on clinical issues and key initiatives, including digital initiatives for the public, such as the Thrive app.
  - NPS supported HealthLinkBC in managing the surge for services in responding to the pandemic and maintaining business continuity.

**Retiring and/or Retired in 2020  
...Bouquets to our dedicated CHN colleagues...**



- **Karen Peel**, Communicable Disease Coordinator, Vancouver Coastal Health, Rural Coastal, based in Powell River
- **Chris Salgado**, Director Public Health, Primary Care, Women and Children's Program, Vancouver Coastal Health (Richmond, BC)
- **Christine Halpert**, Senior Practice Leader, Immunization Programs, BC Centre for Disease Control (PHSA), Based in Vancouver, BC

Who did we miss? .....

**Community Health Nurses of Canada (CHNC)**

Submitted by Donna Jepsen, CHNC Board Rep for BC, 2016 to 2020 [donna.jepsen@gov.bc.ca](mailto:donna.jepsen@gov.bc.ca)

- BC co-chaired the National CHNC Conference Planning Committee: the conference had to be postponed to 2021 due to "force majeure". CHNC received double the number of abstracts for the BC conference. Hang tight on those.... Wonderful topics!!
- Many CHNs in Canada are redeployed to COVID-19 in varied roles and are working long hours to keep afloat
- CNA continues to develop an infographic on the role of the public health nurse in Canada (this work was started prior to the pandemic) due to concern voiced across Canada about strengthening the PHN role
- BC was invited to help draft exam questions for the CNA Community Health Nursing Specialty exam which is being revised in 2020 (Standards updated in 2019). On track.
- BC has participated in some of the weekly CNA webinars that are typically scheduled for 45 minutes on Fridays with National nursing experts from a variety of roles
- The National CHNC Conference is scheduled for May 12-14, 2021.
- If you would like to join CHNC, the cost is \$75 per year (free for BSN students). <https://www.chnc.ca/en/how-to-join-chnc-1>
- Connect with CHNS from across Canada on social media: <https://www.linkedin.com/company/chnc-iiscc/>; <https://www.facebook.com/CHNCIISCC/>; [https://twitter.com/CHNC\\_IISCC/](https://twitter.com/CHNC_IISCC/); [https://www.instagram.com/chnc\\_iiscc/](https://www.instagram.com/chnc_iiscc/)

**How to join CHNBC: receive notices, meeting invites, new evidence**

Email: [communityhealthnursesofbc@gmail.com](mailto:communityhealthnursesofbc@gmail.com) or [donna.jepsen@gov.bc.ca](mailto:donna.jepsen@gov.bc.ca)

*May you and yours stay safe and healthy during this unprecedented time. Thank you for your dedication, compassion, leadership, innovation and strength as community health nursing leaders in every corner and community in BC.*

*Happy National Nursing Week and  
Year of the Nurse and Midwife 2020*