Canadian Community Health Nursing
Standards of Practice

Canadian Community Health Nursing Standards of Practice/
Association canadienne des infirmières et infirmiers en santé communautaire
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Community Health Nurses Association of Canada

The Community Health Nurses Association of Canada (CHNAC) is a voluntary national association of community health nurses structured as a federation of participating provincial and territorial community health nursing interest groups. CHNAC is a recognized Associate Member of the Canadian Nurses Association and participates in all the rights and obligations that this recognition allows.

Mission Statement

The Community Health Nurses Association of Canada, as a federation of provincial and territorial community health nurses interest groups, provides a unified voice to represent and promote community health nursing and the health of communities.

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To obtain additional copies of this document or for further information about community health nursing, please contact CHNAC. This document is also available for downloading from the CHNAC website.

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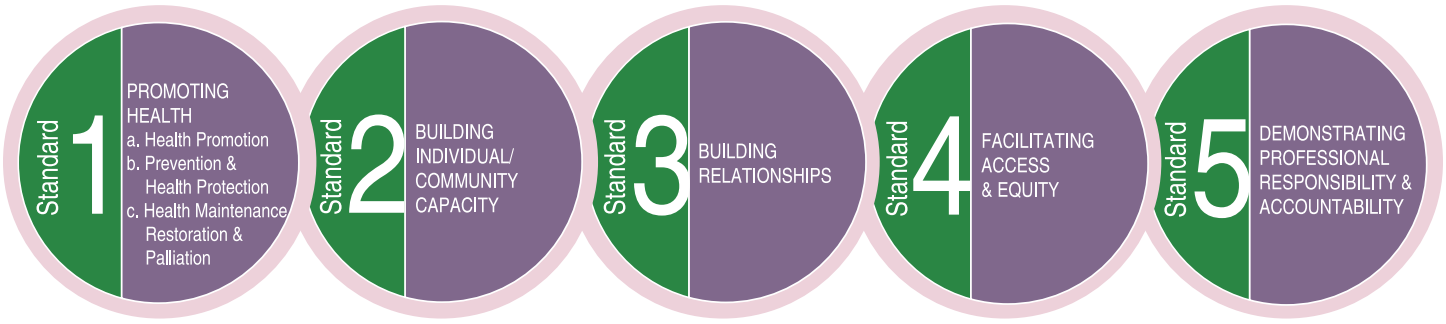

Overview

The Canadian Community Health Nursing Standards of Practice represent a vision for excellence in community health nursing. The standards define community health nursing practice and set out the professional expectations for community health nurses. They apply to community health nurses working in practice, education, administration or research. They set a benchmark for new community health nurses and become basic practice expectations after two years of experience.

About this document

Designed to support community health nursing practice, this document

- summarizes the development and purpose of community health nursing standards
- describes community health nursing and its mission, values and beliefs, and practice focus areas of home health and public health nursing
- provides a framework for community health nursing practice in the Canadian Community Health Nursing Practice Model
- presents the five standards of practice and indicators showing how community health nurses apply these standards
- lists definitions and sources

Developing standards for community health nursing

The Community Health Nurses Association of Canada (CHNAC) led the development of national practice standards for community health nursing. CHNAC is the national voice for community health nurses in Canada and an associate group of the Canadian Nurses Association. Since 1987 CHNAC has advanced the work and values of Canada's community health nurses with an emphasis on public health and home health practice.

Previously there were no national standards for community health nursing, although at least one province had developed its own standards (the 1985 Ontario standards, now out of print). The Canadian Public Health Association's 1990 booklet *Community Health – Public Health Nursing in Canada* is an excellent reference for community health nursing practice, but it does not explicitly identify practice standards. The process to develop standards began in 2000 with a national panel of expert community health nurses, followed by extensive consultation with almost 1000 community health nurses across Canada. A representative committee of community health nurses in CHNAC used this consultation feedback to develop the national standards.

CHNAC first published the Canadian Community Health Nursing Standards of Practice in October 2003. The Canadian Nurses Association accepted the standards and designated community health nursing as a speciality practice in 2004.

Purpose of these standards

A key characteristic of a self-regulating profession like nursing is the development of standards of practice based on the values of the profession. Practice standards describe the knowledge, skills, judgment and attitudes needed to practice nursing safely. They represent the desirable and achievable levels of performance expected of nurses in their practice and provide criteria for measuring actual performance (College of Nurses of Ontario, 2002).

Every nurse is accountable for the fundamental knowledge and expectations of basic nursing practice regardless of their practice focus or setting. These standards expand upon generic nursing practice expectations and identify the practice principles and variations specific to community health nursing practice. While nurses with varied levels of preparation may practice in the community setting, these standards apply specifically to the practice of registered nurses.

The Canadian Community Health Nursing Standards of Practice
- define the scope and depth of community nursing practice
- establish criteria or expectations for acceptable nursing practice and safe, ethical care
- support ongoing development of community health nursing
- promote community health nursing as a specialty
- provide the foundation for certification of community health nursing as a specialty by the Canadian Nurses Association
- inspire excellence in and commitment to community nursing practice

All community health nurses are expected to know and use these standards when working in any of the areas of practice, education, administration or research. Nurses in clinical practice will use the standards to guide and evaluate their own practice. Nursing educators will include the standards in course curricula to prepare new graduates for practice in community settings. Nurse administrators will use them to direct policy and guide performance expectations. Nurse researchers will use these standards to guide the development of knowledge specific to community health nursing.

Nurses may enter community health nursing as new practitioners and require experience and opportunities for additional learning and skill development to help them develop their practice. The Community Health Nursing Standards of Practice become basic practice expectations after two years of experience. The practice of expert community health nurses will extend beyond these standards.

Community Health Nursing

Evolving from centuries of community care by laywomen and members of religious orders, community health nursing started to gain recognition as a nursing specialty in the mid-1800s. Community health nursing has been indelibly shaped by such remarkable nurses as Florence Nightingale and Lillian Wald and organizations such as the Victorian Order of Nurses, the Henry Street Settlement and the Canadian Red Cross Society. During the 20th century public health and home health nursing emerged from common roots to represent the ideals of community health nursing. Community health nursing respects its roots and traditions while embracing advances and continually evolving as a dynamic nursing specialty.

Community health nurses are registered nurses whose practice specialty promotes the health of individuals, families, communities and populations, and an environment that supports health. They practice in diverse settings such as homes, schools, shelters, churches, community health centres and on the street. Their position titles may vary as much as their practice settings.

The practice of community health nursing combines nursing theory and knowledge, social sciences and public health science with primary health care. Community health nurses view disease prevention, health protection and health promotion as goals of professional nursing practice (Smith, 1990). They collaborate with individuals, families, groups, communities and populations to design and carry out community development, health promotion and disease prevention strategies. They identify and promote care decisions that build on the capacity of the individual or community. A critical part of their practice is to mobilize resources to support health by coordinating care and planning services, programs and policies with individuals, caregivers, families, other disciplines, organizations, communities and government(s).

Community health nursing is rooted in caring (Canadian Nurses Association, 1998). The social conscience expressed in community health nursing has been reflected in public policies such as the Canada Health Act (Government of Canada, 1984), the Ottawa Charter for Health Promotion (World Health Organization, Canadian Public Health Association, Health and Welfare Canada, 1986) and the Jakarta Declaration (World Health Organization, 1997).

Community health nursing concepts and competencies are essential to community-focused nursing practice and the practices of all nurses concerned with promoting and preserving the health of populations.

Mission

Community health nurses view health as a resource for everyday living. Their practice promotes, protects and preserves the health of individuals, families, groups, communities and populations wherever they live, work, learn, worship and play, in an ongoing rather than an episodic process (Cradduck, 2000). Their practice is based on a unique understanding of how the environmental context influences health. Community health nurses work at a high level of autonomy and build partnerships based on the principles of primary health care, caring and empowerment.

Values and beliefs

The following values and beliefs are based on Canadian Nurses Association's Code of Ethics for Registered Nurses (2002a) and interpreted from the community health nursing perspective. The community health nurse values and believes in

Caring

Community health nurses recognize that caring is an essential and universal human need and that its expression in practice varies across cultures and practice domains. In community health nursing practice in Canada, caring is based on the principle of social justice. Community health nurses support equity and the fundamental right of all humans to accessible, competent health care and essential determinants of health. Caring community health nursing practice acknowledges the physical, spiritual, emotional and cognitive nature of individuals, families, groups and communities. Caring is expressed through competent practice and development of relationships that value the individual and community as unique and worthy of a nurse's "presence" and attention. Community health nurses preserve, protect and enhance human dignity in all of their interactions.

The principles of primary health care

Primary health care represents a fundamentally different way of thinking about health and health care for community health nurses and their practice. Primary health care differs significantly from primary care (first point of access to care) and is an integral part of the Canadian health care system. Community health nurses value the following key principles of primary health care as described by the World Health Organization (1978):

- universal access to health care services
- focus on the determinants of health
- active participation by individuals and communities in desions that affect their health and life
- partnership with other disciplines, communities and sectors for health
- appropriate use of knowledge, skills, strategies, technology and resources
- focus on health promotion and illness prevention throughout the life experience

Community health nurses recognize the impact of the social, political and economic environment on the health of individuals and the community, and on their own practice.

Multiple ways of knowing

Community health nurses integrate multiple types of knowledge into their practice. Five fundamental ways of knowing in nursing have been identified: aesthetics, empirics, personal knowledge, ethics and socio-political knowledge (Carper, 1978; White, 1995). Each type is an essential part of the integrated knowledge base of community health nursing practice:

- *Aesthetics*, the art of nursing, means adapting knowledge and practice to particular rather than universal circumstances. It encourages nurses to explore possibilities, promotes individual creativity and style, and contributes to the transformative power of community health nursing.
- *Empirics*, the science of community health nursing, includes research, epidemiology and theories and models (incorporating publicly verifiable, factual descriptions, explanations and predictions based on subjective and objective data). Empirical knowledge is generated and tested by scientific research (Fawcett, Watson, Neuman & Hinton, 2001).
- *Personal knowledge*, the most fundamental way of knowing, comes from discovery of self, values and morals and lived experience. It involves continuous learning through reflective practice. Reflective practice in community health nursing combines critical examination of practice, interpersonal relationships and intuition to evaluate, adapt and enhance practice.
- *Ethics*, or moral knowledge, describes the moral obligations, values and goals of community health nursing. It is guided by moral principles and ethical standards set by the Canadian Nurses Association (2002). Ethical inquiry clarifies values and beliefs and uses dialogue to examine the social and political impact of community health nursing on the health environment (Fawcett et al., 2001).
- *Socio-political knowledge*, or emancipatory knowing, goes beyond personal knowing and nurse-client introspection. It places nursing within the broader social, political and economic context where nursing and health care happen. It equips the nurse to question the status quo and structures of domination in society that affect the health of individuals ancommunities.

Each way of knowing is necessary to understand the complexity and diversity of nursing in the community. By integrating multiple ways of knowing into the practice of community health nursing, the individual nurse becomes a co-creator of nursing knowledge. Critical examination of this nursing knowledge contributes to evidence-based community health nursing practice. By recognizing diverse evidence for practice, community health nursing is able to question and move beyond the status quo, evolve and create relevant and effective action for community health.

Individual and community partnership

Community health nurses believe that the individual or community must be an active partner in decisions that affect their health and well-being. Their participation is essential throughout the nursing process: to define their own health needs during assessment, set their own priorities among health goals, control the choice and use of various actions to improve their health and lives, and evaluate the efforts made. Community health nurses identify the health values of the individual or community throughout the nursing process, including what health means to that particular individual or community.

Community health nurses work with individuals and communities to build capacity so they can participate in and make decisions about their health. For community health nurses this participation is the basis of therapeutic, professional, caring relationships that promote empowerment. Community health nurses also make their expertise available as a resource to people they work with. Along with capacity building work, community health nurses have an advocacy role and responsibility. Their knowledge and experience equip them to advocate in partnership with clients who are vulnerable or intimidated in a particular situation and help them to access services (case advocacy). Community health nurses also advocate for changes in policies, systems and resource allocation (class advocacy) to increase opportunities for health within society (Pope, Snyder & Mood, 1995).

Empowerment

Community health nurses recognize that empowerment is an active, involved process where people, groups and communities move towards increased individual and community control, political efficacy, improved quality of community life and social justice. Empowerment is a community concept because individual empowerment builds from working with others to produce change and wanting increased freedom of choice for others and society. Empowerment is not something that can be done to or for people—it involves people discovering and using their own strengths.

Empowering strategies or environments (e.g., healthy workplaces that support flex time or exercise) build capacity by helping individuals, groups and communities discover their strengths and ability to take action to improve their quality of life.

Community health nursing

While community health nursing concepts and competencies are part of the practices of nurses with varied functions and position titles across Canada, these practice standards apply directly to home health and public health nursing. Home health and public health nursing are linked historically through common beliefs, values, traditions, skills and above all their unique focus on promoting and protecting community health. Home health and public health nursing differ in their client and program emphasis.

A home health nurse is a community health nurse who

- combines knowledge from primary health care (including the determinants of health), nursing science and social sciences
- focuses on prevention, health restoration, maintenance or palliation
- focuses on clients, their designated caregivers and their families
- integrates health promotion, teaching and counseling in clinical care and treatment
- initiates, manages and evaluates the resources needed for the client to reach optimal well-being and function
- provides care in the client's home, school or workplace
- has a nursing diploma or a degree (a baccalaureate degree in nursing is preferred)

A public health nurse is a community health nurse who

- combines knowledge from public health science, primary health care (including the determinants of health), nursing science and social sciences
- focuses on promoting, protecting and preserving the health of populations
- focuses on populations and links health and illness experiences of individuals, families and communities to population health promotion practice
- recognizes that a community's health is closely linked with the health of its members and is often reflected first in individual and family health experiences
- recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups and populations
- practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres and nursing outposts—and with diverse partners—to meet the health needs of specific populations
- has a baccalaureate degree in nursing

The relationship between home health nursing and public health nursing practice is like the shifting lens of a camera. Home health nurses begin with a close-up lens, zooming in and focusing on the individual client and family, and then shift to a wide-angle lens to include groups and supports in the community. Public health nurses shift from a wide-angle lens looking at systems, population health and intersectoral partnerships to a close-up lens focusing on the health of individual clients and families.

The Canadian Community Health Nursing Practice Model

Understanding the community health nursing process and its evidence and knowledge base is essential for practicing community health nursing. The Canadian Community Health Nursing Practice Model (Figure 1) has been developed specifically for this standards document to reflect the knowledge and experience of community health nurses in practice, education, research and administration across Canada. The model illustrates the dynamic nature of community health nursing practice, embracing the present and projecting into the future.

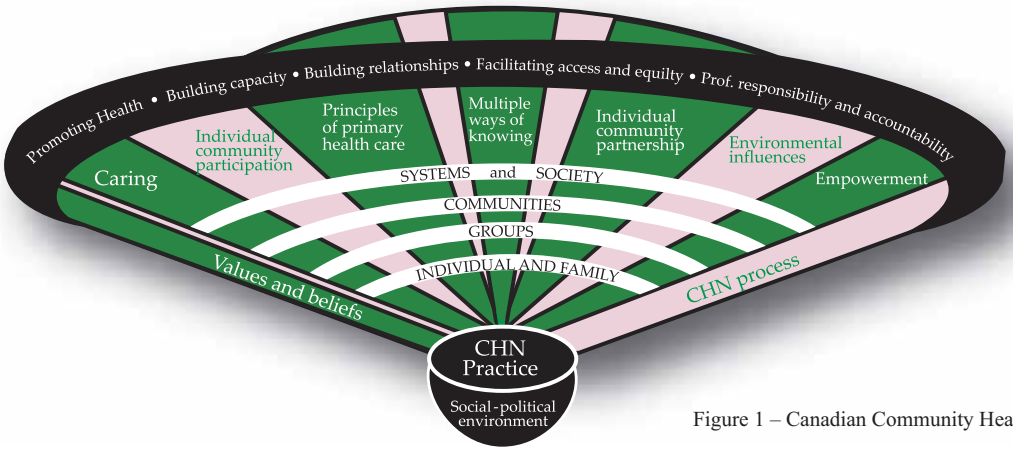

Figure 1 – Canadian Community Health Nursing Practice Model

The model shows the five standards of practice embracing the values and beliefs of community health nurses [green or shaded], the community health nursing process [pink or unshaded] and the environmental context of community health nursing practice. The focus of community health nursing is always on improving the health of people in the community and encouraging change in systems or society to support health.

The Canadian Community Health Nursing Standards of Practice form the core expectations for community health nursing practice. The five interrelated standards for community health nursing are

1. Promoting health
2. Building individual and community capacity
3. Building relationships
4. Facilitating access and equity
5. Demonstrating professional responsibility and accountability

These standards are based on the values and beliefs of community health nursing, nursing knowledge and partnerships with people in the community. They apply to practice in all settings where people live, work, learn, worship and play.

The **values and beliefs** ground community health nursing practice in the present and guide its development over time. The practice standards and community health nursing process reflect community health nursing's philosophical base and foundational values and beliefs: caring, the principles of primary health care, multiple ways of knowing, individual and community partnerships and empowerment.

The **community health nursing process (CHN process)** represents how community health nurses work with people and put the standards into practice. The community health nursing process includes the traditional nursing process components of assessment, planning, intervention and evaluation. Community health nurses enhance this process through

- individual or community participation in each component
- multiple ways of knowing
- awareness of the influence of the broader environment on the individual or community that is the focus of their care (e.g., the community will be affected by provincial or territorial policies, its own economic status and the actions of its individual citizens)

Community health nursing practice does not happen in isolation but within an environmental context **(socio-political environment)**. It is influenced by social, economic and political forces that shape legislation and public policies. Community health nursing practice is delivered through several agencies such as provincial or municipal departments of health, regional health authorities and non-governmental organizations. Community health nurses are accountable to a variety of authorities and stakeholders (e.g., regulatory bodies, employers and the public). Their practice is influenced by multiple legislative and policy mandates (mostly provincial or territorial in nature and both internal and external to their work situation). The organizations community health nurses work for also influence their practice through their organizational structures, processes, values and principles, policies, goals, objectives, standards and outcomes. These diverse influences can be enabling factors, or they may constrain how community health nursing is practiced.

All community health nurses are expected to know and use the following standards of practice:

1. **Promoting health**
   - **a) Health promotion**
   - **b) Prevention and health protection**
   - **c) Health maintenance, restoration and palliation**
2. **Building individual and community capacity**
3. **Building relationships**
4. **Facilitating access and equity**
5. **Demonstrating professional responsibility and accountability**

These standards apply to community health nurses working in practice, education, administration or research. The standards set a benchmark for new community health nurses and become basic practice expectations after two years of experience. The practice of expert community health nurses will extend beyond these standards. Each standard applies to the practice of home health nurses and public health nurses—nurses may emphasize different elements of specific standards according to their practice focus.

Each practice standard contains
- the standard statement
- a description of the standard in the context of community health nursing
- indicators (activities) that show how community health nurses apply and meet this standard

The list of indicators or activities for each standard begins with the heading "**The community health nurse**." They are based on the four components of the nursing process—assessment, planning, intervention and evaluation—and provide criteria for measuring the actual performance of an individual nurse. The standards and indicators combine to describe and distinguish the specific practice of community health nursing.

Standard 1: Promoting health

Community health nurses view health as a dynamic process of physical, mental, spiritual and social well-being. Health includes self-determination and a sense of connection to the community. Community health nurses believe that individuals and communities realize hopes and satisfy needs within their cultural, social, economic and physical environments. They consider health as a resource for everyday life that is influenced by circumstances, beliefs and the determinants of health. Social, economic and environmental health determinants include: (Health Canada, 2000)

- income and social status
- social support networks
- education
- employment and working conditions
- social environments
- physical environments
- biology and genetic endowment
- personal health practices and coping skills
- healthy child development
- health services
- gender
- culture

Community health nurses promote health using the following strategies: (a) health promotion, (b) prevention and health protection and (c) health maintenance, restoration and palliation. They recognize they may need to use these strategies together when providing care and services. This standard incorporates these strategies from the frameworks of primary health care (World Health Organization, 1978), the Ottawa Charter for Health Promotion (World Health Organization, 1986) and the Population Health Promotion Model (Health Canada, 2000).

a) Health promotion

Community health nurses focus on health promotion and the health of populations. Health promotion is a mediating strategy between people and their environments. It is a positive, dynamic, empowering and unifying concept based in the socio-environmental approach to health. It recognizes that basic resources and conditions for health are critical for achieving health. The population's health is closely linked with the health of its members and is often reflected first in individual and family experiences from birth to death. Community health nurses also consider socio-political issues that may be underlying individual and community problems. Healthy communities and systems support increased options for well-being in society.

The community health nurse

1. Collaborates with individual, community and other stakeholders to do a holistic assessment of assets and needs of the individual or community.

2. Uses a variety of information sources to access data and research findings related to health at the national, provincial, territorial, regional and local levels.

3. Identifies and seeks to address root causes of illness and disease.

4. Facillate planned change with the individual, community or population by applying the Population Health Promotion Model.
    - Identifies the level of intervention necessary to promote health.
    - Identifies which determinants of health require action or change to promote health.
    - Uses a comprehensive range of strategies to address health-related issues.

5. Demonstrates knowledge of and effectively implements health promotion strategies based on the Ottawa Charter for Health Promotion.
    - Incorporates multiple strategies: promoting healthy public policy, strengthening community action, creating supportive environments, developing personal skills and reorienting the health system.
    - Identifies strategies for change that will make it easier for people to make healthier choices.

6. Collaborates with the individual and community to help them take responsibility for maintaining or improving their health by increasing their knowledge, influence and control over the determinants of health.

7. Understands and uses social marketing, media and advocacy strategies to raise awareness of health issues, place issues on the public agenda, shift social norms and change behaviours if other enabling factors are present.

8. Helps the individual and community to identify their strengths and available resources and take action to address their needs.

9. Recognizes the broad impact of specific issues on health promotion such as political climate and will, values and culture, individual and community readiness, and social and systemic structures.

10. Evaluates and modifies population health promotion programs in partnership with the individual, community and other stakeholders.

b) Prevention and health protection

The community health nurse applies a range of activities to minimize the occurrence of diseases or injuries and their consequences for individuals and communities. Governments often make health protection strategies mandated programs and laws for their overall jurisdictions.

The community health nurse

1. Recognizes the differences between the levels of prevention (primary, secondary, tertiary).
2. Selects the appropriate level of preventive intervention.

3. Helps individuals and communities make informed choices about protective and preventive health measures such as immunization, birth control, breastfeeding and palliative care.

4. Helps individuals, groups, families and communities to identify potential risks to health.

5. Uses harm reduction principles to identify, reduce or remove risk factors in a variety of contexts including the home, neighbourhood, workplace, school and street.

6. Applies epidemiological principles when using strategies such as screening, surveillance, immunization, communicable disease response and outbreak management, and education.

7. Engages collaborative, interdisciplinary and intersectoral partnerships to address risks to individual, family, community or population health and to address prevention and protection issues such as communicable disease, injury and chronic disease.

8. Collaborates on developing and using follow-up systems in the practice setting to ensure that the individual or community receives appropriate and effective service.

9. Practices in accordance with legislation relevant to community health practice (e.g., public health legislation and child protection legislation).

10. Evaluates collaborative practice (personal, team and intersectoral) for achieving individual and community outcomes such as reduced communicable disease, injury, chronic disease or impacts of a disease process.

c) Health maintenance, restoration and palliation

Community health nurses provide clinical nursing care, health education and counselling to individuals, families, groups and populations whether they are seeking to maintain their health or dealing with acute, chronic or terminal illness. Community health nurses practice in health centres, homes, schools and other community-based settings. They link people to community resources and coordinate or facilitate other care needs and supports. The activities of the community health nurse may range from health screening and care planning at an individual level to intersectoral collaboration and resource development at the community and population level.

The community health nurse

1. Assesses the health status and functional competence of the individual, family or population within the context of their environmental and social supports.

2. Develops a mutually agreed upon plan and priorities for care with the individual and family.

3. Identifies a range of interventions including health promotion, disease prevention and direct clinical care strategies (including palliation), along with short- and long-term goals and outcomes.

4. Maximizes the ability of an individual, family or community to take responsibility for and manage their health needs according to resources and personal skills available.

5. Supports informed choice and respects the individual, family or community's specific requests while acknowledging diversity, unique characteristics and abilities.

6. Adapts community health nursing techniques, approaches and procedures as appropriate to the challenges in a particular community situation or setting.

7. Uses knowledge of the community to link with, refer to or develop appropriate community resources.

8. Recognizes patterns and trends in epidemiological data and service delivery and initiates strategies for improvement.

9. Facilitates maintenance of health and the healing process for individuals, families and communities in response to significant health emergencies or other community situations that negatively impact health.

10. Evaluates individual, family and community outcomes systematically and continuously in collaboration with individuals, families, significant others, community partners and other health practitioners.

Standard 2: Building individual and community capacity

Building capacity is the process of actively involving individuals, groups, organizations and communities in all phases of planned change to increase their skills, knowledge and willingness to take action on their own in the future. The community health nurse works collaboratively with the individual or community affected by health-compromising situations and with the people and organizations that control resources. Starting where the individual or community is, community health nurses identify relevant issues, assess resources and strengths, and determine readiness for change and priorities for action. They take collaborative action by building on identified strengths and involving key stakeholders such as individuals, organizations, community leaders. They work with people to improve the determinants of health and "make it easier to make the healthier choice." Community health nurses use supportive and empowering strategies to move individuals and communities toward maximum autonomy.

The community health nurse

1. Works collaboratively with the individual, community, other professionals, agencies and sectors to identify needs, strengths and available resources.

2. Facilitates action in support of the five priorities of the Jakarta Declaration to
   - promote social responsibility for health
   - increase investments for health development
   - expand partnerships for health promotion
   - increase individual and community capacity
   - secure an infrastructure for health promotion

3. Uses community development principles.
   - Engages the individual and community in a consultative process.
   - Recognizes and builds on the readiness of the group or community to participate.
   - Uses empowering strategies such as mutual goal setting, visioning and facilitation.
   - Understands group dynamics and effectively uses facilitation skills to support group development.
   - Helps the individual and community to participate in the resolution of their issues.
   - Helps the group and community to gather available resources to support taking action on their health issues.

4. Uses a comprehensive mix of community and population-based strategies such as coalition building, intersectoral partnerships and networking to address concerns of groups or populations.

5. Supports the individual, family, community or population to develop skills for self-advocacy.

6. Applies principles of social justice and engages in advocacy to support those who are not yet able to take action for themselves.

7. Uses a comprehensive mix of interventions and strategies to customize actions to address unique needs and build individual and community capacity.

8. Supports community action to influence policy change in support of health.

9. Actively works with health professionals and community partners to build capacity for health promotion.

10. Evaluates the impact of change on individual or community control and health outcomes.

Standard 3: Building relationships

Community health nurses build relationships based on the principles of connecting and caring. Connecting involves establishing and nurturing relationships and a supportive environment that promotes the maximum participation and self-determination of the individual, family and community. Caring involves developing empowering relationships that preserve, protect and enhance human dignity. Community health nurses build caring relationships based on mutual respect and understanding of the power inherent in their position and its potential impact on relationships and practice. One of the unique challenges of community health nursing is building a network of relationships and partnerships with a wide variety of relevant groups, communities and organizations. These relationships happen within a complex, changing and often ambiguous environment with sometimes conflicting and unpredictable circumstances.

The community health nurse

1. Recognizes her or his personal beliefs, attitudes, assumptions, feelings and values about health and their potential effect on interventions with individuals and communities.

2. Identifies the individual and community beliefs, attitudes, feelings and values about health and their potential effect on the relationship and intervention.

3. Is aware of and uses culturally relevant communication when building relationships. Communication may be verbal or non-verbal, written or graphic. It may involve face-to-face, telephone, group facilitation, print or electronic methods.

4. Respects and trusts the ability of the individual or community to know the issue they are addressing and solve their own problems.

5. Involves the individual, family and community as an active partner to identify relevant needs, perspectives and expectations.

6. Establishes connections and collaborative relationships with health professionals, community organizations, businesses, faith communities, volunteer service organizations and other sectors to address health-related issues.

7. Maintains awareness of community resources, values and characteristics.

8. Promotes and supports linkages with appropriate community resources when the individual or community is ready to receive them (e.g., hospice or palliative care, parenting groups).

9. Maintains professional boundaries in often long-term relationships in the home or other community settings where professional and social relationships may become blurred.

10. Negotiates an end to the relationship when appropriate (e.g., when the client assumes self-care or when the goals for the relationship have been achieved).

Standard 4: Facilitating access and equity

Community health nurses embrace the philosophy of primary health care. They collaboratively identify and facilitate universal and equitable access to available services. They collaborate with colleagues and with other members of the health care team to promote effective working relationships that contribute to comprehensive client care and optimal client care outcomes. They are keenly aware of the impact of the determinants of health on individuals, families, groups, communities and populations. The practice of community health nursing considers the financial resources, geography and culture of the individual and community.

Community health nurses engage in advocacy by analyzing the nants of health and influencing other sectors to ensure their policies and programs have a positive impact on health. Community health nurses use advocacy as a key strategy to meet identified needs and enhance individual and community capacity for self-advocacy.

The community health nurse

1. Assesses and understands individual and community capacities including norms, values, beliefs, knowledge, resources and power structures.

2. Provides culturally sensitive care in diverse communities and settings.

3. Supports individuals and communities in their choice to access alternate health care options.

4. Advocates for appropriate resource allocation for individuals, groups and populations to support access to conditions for health and health services.

5. Refers, coordinates or facilitates access to services in the health sector and other sectors.

6. Adapts practice in response to the changing health needs of the individual and community.

7. Collaborates with individuals and communities to identify and provide programs and delivery methods that are acceptable to them and responsive to their needs across the life span and in different circumstances.

8. Uses strategies such as home visits, outreach and case finding to ensure access to services and health-supporting-conditions for potentially vulnerable populations (e.g., persons who are ill, elderly, young, poor, immigrants, isolated or have communication barriers).

9. Assesses the impact of the determinants of health on the opportunity for health for individuals, families, communities and populations.

10. Advocates for healthy public policy by participating in legislative and policy-making activities that influence health determinants and access to services.

11. Takes action with and for individuals and communities at the organizational, municipal, provincial, territorial and federal levels to address service gaps and accessibility issues.

12. Monitors and evaluates changes and progress in access to the determinants of health and appropriate community services.

Standard 5: Demonstrating professional responsibility and accountability

Community health nurses work with a high degree of autonomy when providing programs and services. Their professional accountability includes striving for excellence, ensuring that their knowledge is evidence-based and current, and maintaining competence and the overall quality of their practice. Community health nurses are responsible for initiating strategies that will help address the determinants of health and generate a positive impact on people and systems.

Community health nurses are accountable to a variety of authorities and stakeholders as well as to the individual and community they serve. This range of accountabilities places them in a variety of situations with unique ethical dilemmas. One dilemma might be whether responsibility for an issue lies with the individual, family, community or population, or with the nurse or the nurse's employer. Other dilemmas include the priority of one individual's rights over the rights of another, individual or societal good, allocation of scarce resources and quality versus quantity of life.

The community health nurse

1. Takes preventive or corrective action individually or in partnership to protect individuals and communities from unsafe or unethical circumstances.

2. Advocates for societal change in support of health for all.

3. Uses nursing informatics (including information and communication technology) to generate, manage and process relevant data to support nursing practice.

4. Identifies and takes action on factors which affect autonomy of practice and quality of care.

5. Participates in the advancement of community health nursing by mentoring students and new practitioners.

6. Participates in research and professional activities.

7. Makes decisions using ethical standards and principles, taking into consideration the tension between individual versus societal good and the responsibility to uphold the greater good of all people or the population as a whole.

8. Seeks help with problem solving as needed to determine the best course of action in response to ethical dilemmas, risks to human rights and freedoms, new situations and new knowledge.

9. Identifies and works proactively—through personal advocacy and participation in relevant professional associations—to address nursing issues that will affect the population.

10. Contributes proactively to the quality of the work environment by identifying needs, issues and solutions, mobilizing colleagues and actively participating in team and organizational structures and mechanisms.

11. Provides constructive feedback to peers as appropriate to enhance community health nursing practice.

12. Documents community health nursing activities in a timely and thorough manner, including telephone advice and work with communities and groups.

13. Advocates for effective and efficient use of community health nursing resources.

14. Uses reflective practice to continually assess and improve personal community health nursing practice.

15. Seeks professional development experiences that are consistent with current community health nursing practice, new and emerging issues, the changing needs of the population, the evolving impact of the determinants of health and emerging research.

16. Acts upon legal obligations to report to appropriate authorities any situations of unsafe or unethical care provided by family, friends or other individuals to children or vulnerable adults.

17. Uses available resources to systematically evaluate the availability, acceptability, quality, efficiency and effectiveness of community health nursing practice.

Definitions

Access: Accessibility of health care refers to the extent that community health nursing services reach people who need the services most and how equitably those services are distributed throughout the population. (Stanhope & Lancaster, 2001)

Advocacy: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. (World Health Organization, 1998, p.5)

Collaboration: An approach to community care built on the principles of partnership and maximizing participation in decision making. Collaboration includes shared identification of issues, capacities and strategies.

> ***Intersectoral collaboration:*** A recognized relationship between part(s) of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone. (World Health Organization, 1998, p.14)

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms and are arranged in a social structure according to relationships that the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them. (World Health Organization, 1998, p.5)

Community development: The community development process is based on the philosophical belief that people and communities are entitled to have control over factors that affect their lives. It is grounded in valuing the absolute worth of the individual and starting where the individual is. It is a process that is used frequently (although not exclusively) with the most disenfranchised groups in society. It involves a community in identifying and reinforcing those aspects of everyday life, culture and political activity that are conducive to health. It might include supporting political action to modify the total environment and strengthen resources for healthy living, reinforcing social networks and social support within a community, and developing the material resources and economic base available to the community. (Canadian Public Health Association, 1990)

Connecting: Establishing a perception of connection, engagement, attachment or bonding between the nurse and the family member(s). There are three components: making the connection, sustaining the connection and breaking the connection. (Davis & Oberle, 1990)

Determinants of health: The Federal, Provincial and Territorial Advisory Committee on Population Health (1999) identified the following determinants or prerequisites for health: socio-economic determinants including income, education and literacy, employment and working conditions; social determinants including social support, safety in the home and community, participation in civic activities and healthy child development; physical environmental determinants including the state of the natural environment, the presence of environmental tobacco smoke, availability of transportation and affordable and adequate housing; and other determinants such as personal health practices, health services and biology and genetic endowment.

Epidemiology: The study of the distribution and determinants of health-states or events in specified populations, and the application of this study to the control of health problems. (Last, 2000)

Equity: Accessible services to promote the health of populations most at risk of health problems. (Stanhope & Lancaster, 2001) Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. All people have an equal opportunity to develop and maintain their health through fair and just access to resources for health. (World Health Organization, 1998, p.7)

Evidence-based practice: Nursing practice is based on various types of evidence (including experimental and non-experimental research, expert opinion and historical and experiential knowledge) and shaped by theories, values, client choice, clinical judgement, ethics, legislation and work environments. Evidence-based decision making is a continuous, interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. (Canadian Nurses Association, 2002b)

Group: People who interact and share a common purpose or purposes. Note: There is no clear distinction between a group and a community except that groups tend to have fewer members than a community. The methods used to plan and provide programs or activities for groups and communities are similar except for scale.

Health outcomes: A change in the health status of an individual, group or population that is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status. (World Health Organization, 1998, p. 20)

> ***Intermediate health outcomes:*** Intermediate health outcomes are changes in the determinants of health (notably changes in lifestyles and living conditions) that are attributable to a planned intervention or interventions, including health promotion, disease prevention and primary health care. (World Health Organization, 1998, p.14)

Health promotion: Health promotion is the process of enabling people to increase control over and improve their health. (World Health Organization, Canadian Public Health Association, Health and Welfare Canada, 1986)

Maintenance: Designed or adequate to maintain a patient in a stable condition; serving to maintain a gradual process of healing or to prevent a relapse. (Merriam-Webster, 2003)

Nursing informatics: Integration of nursing science, computer science and information science to manage and communicate data, information and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information and knowledge to support clients, nurses and other service providers in their decision making in all roles and settings. (Staggers & Bagley-Thompson, 2002)

Palliation: The combination of active and compassionate therapies intended to comfort and support individuals and families who are living with or dying from a progressive life-threatening illness, or are bereaved. Palliation includes attending to physical, psychological, psychosocial and spiritual needs. (Adapted from: Canadian Palliative Care Association, 1995)

Partnerships: Relationships between individuals, groups or organizations where the different participants in the relationship work together to achieve shared goals. Partnership involves active and flexible collaboration between health care providers and clients, individuals and communities, includes choice, accountability, dignity and respect, and focuses on increasing clients' capacities for self-reliance using empowering strategies. (Hitchcock, Schubert & Thomas, 1999)

Population: A collection of individuals who have one or more personal or environmental characteristics in common. (Stanhope & Lancaster, 2002, p. 24)

Population health: The health of a population is measured by health status indicators and influenced by the determinants of health. As an approach, population health focuses on the interrelated conditions and factors that influence the health of a population over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of these populations. (Health Canada, 2000)

Prevention: Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment. Tertiary prevention reduces the occurrence of relapses and the establishment of chronic conditions (e.g., through effective rehabilitation).

> Disease prevention is sometimes used as a complementary term alongside health promotion. Although there is frequent overlap between the content and strategies, disease prevention is defined separately. Disease prevention in this context is considered to be action (usually emanating from the health sector) dealing with individuals and populations identified as exhibiting identifiable risk factors and often associated with different risk behaviours. (World Health Organization, 1998, p. 4)

Primary care: First contact care; continuous, comprehensive and coordinated care provided to populations undifferentiated by gender, disease or organ system. (Starfield, 1994)

Primary health care: "Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where the people live and work, and constitutes the first element of a continuing health care system." This definition of Primary Health Care was approved at the 1978 World Health Organization conference at Alma Ata. (World Health Organization, 1978, p.21)

Public health science: Areas of knowledge deemed essential for preparation of community health nurses which include epidemiology, biostatistics, nursing theory, change theory, economics, politics, public health administration, community assessment, management theory, program planning and evaluation, population health and community development theory, history of public health and issues in public health. (Stanhope & Lancaster, 2001)

Restoration: Returning to a normal or healthy condition. (Merriam-Webster, 2003)

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