

Public Health Nurse Survey: Community Level Monitoring and Evaluation

Summary Report

Population and Public Health - Winnipeg Regional Health Authority

March 2020

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Public Health Nurses (PHNs) across the Region participated in a survey conducted by the Population and Public Health (PPH) team at the Winnipeg Regional Health Authority (WRHA). The survey was distributed to the PHNs on Monday January 6th, 2020. Given approximately 3 weeks to complete the survey, responses were collected on January 31st, 2020.

The purpose of this monitoring and evaluation tool was to gather information about how PHNs are engaging with and contributing to the community in which they work, in addition to their perceptions of organizational support. The results were analyzed and reviewed by the PPH team members to gauge the progress on the implementation of the Professional Practice Model (PPM), receive input on necessary next steps, and provide an overall summary to all PPH Community Areas and Centralized Teams.

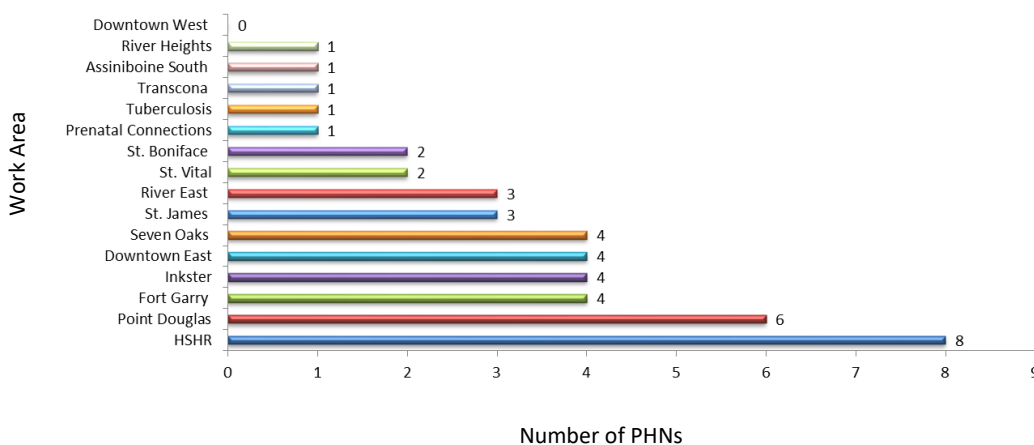
This summary centers on the major findings and themes generated from the survey results. Participant quotes from the “recent practice example” question are provided throughout the report for added context and richness to the data. The remaining open-ended questions are discussed throughout the report to better understand the PHN’s perspectives and experiences with respect to community level practice and organizational support.

In total, 68 PHNs participated in the survey. We estimate that there are 125 PHNs in the Region and thus the response rate is approximately 54.4%. In addition to the open-ended questions, participants answered quantitative questions on a 5 point likert scale (strongly agree to strongly disagree, and not applicable). Responses were collated and analyzed quantitatively and qualitatively.

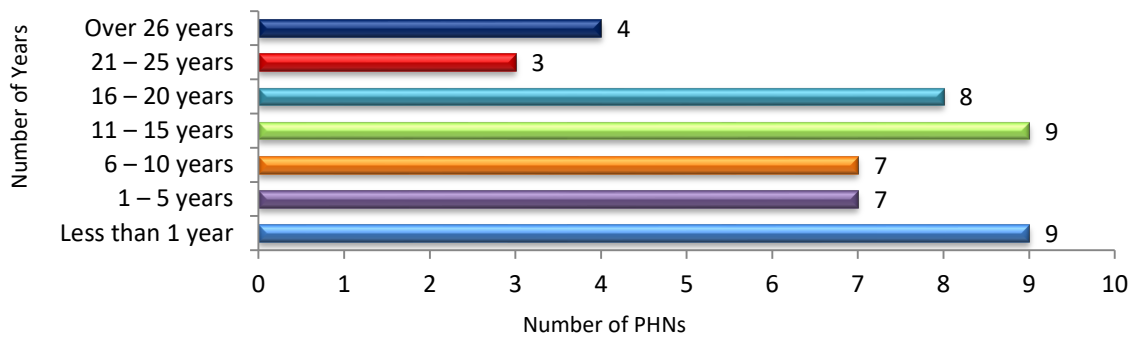
Highlights

PHN Work Area and Years of Experience

45 PHNs indicated their area of work.



47 PHNs indicated their years of PHN experience.



Overall Practice Assessment

PHNs were asked to self-assess their overall practice in community initiatives. Overall, PHNs are actively involved in community level practice. Over 70% of the 67 PHNs who responded strongly agreed (19.4%) or agreed (53.7%) with being actively involved with community organizations, representatives, or community members. Only 10.5% disagreed.

Skills and Abilities

- PHNs were asked to state their agreement with having the skills and abilities to engage in community initiatives. Over 85% of the 68 PHNs who responded strongly agreed (17.6%) or agreed (69.1%) with the statement.
- Over 85% of the PHNs strongly agreed (17.6%) or agreed (67.6%) with having the ability to create and maintain partnerships with community partners and agencies.
- Over 70% of the PHNs expressed agreement (55.9%) or strong agreement (16.2%) with the ability to collaborate with other sectors to address the social determinants of health.
- Most PHNs expressed having positive attitudes in their ability to apply strength-based approaches to empower and build capacity in community initiatives. Over 75% of the PHNs strongly agreed (17.7%) or agreed (58.8%) with this statement.

Knowledge and Beliefs

- Over 75% of PHNs expressed agreement (57.4%) or strong agreement (17.7%) with having a good understanding of PHN roles in community level initiatives.
- Over 80% of PHNs expressed agreement (61.8%) or strong agreement (19.1%) with actively engaging with community partners.
- 60% of the participants believe that PHNs are well positioned to work upstream and tackle the inequitable distribution of power, money, and resources that cause health inequities. Approximately 35% expressed neutrality or disagreement, indicating there may be little direction or understanding on how PHNs are able to implement such strategies.

Organizational Readiness and Time

- Over 80% of the PHNs expressed agreement (38.3%) or strong agreement (42.6%) in having managerial support to be actively involved in community initiatives.
- Over 60% of the PHNs strongly agreed (19.2%) or agreed (42.6%) with having access to the tools, resources, and support required to be actively involved in community initiatives. However, 38.3% of the PHNs reported neutrality or disagreement with the statement.
- 63.8% of the PHNs report making time in their practice to engage in community initiatives.
- Most PHNs (68.1%) strongly agreed or agreed with having allotted time in team meetings to discuss active involvement in community initiatives.

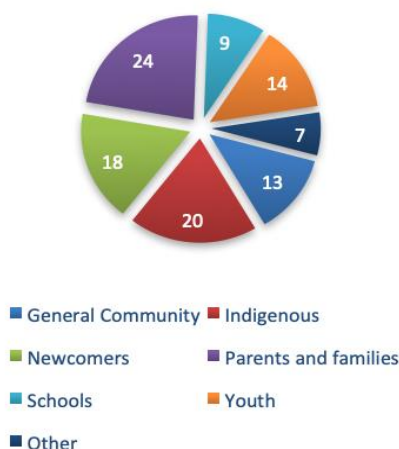
Recent Practice Example

PHNs were asked to describe a recent practice example of their community level activities and the community partners and/or agencies they worked with within the past year. 41 PHNs responded to the question. One response was excluded from the analysis because it described individual level work of supporting a client's access to the determinants of health.

It is difficult to interpret "not applicable", "disagree" and "strongly disagree" statements in the quantitative questions pertaining to the recent practice example. The responses may imply that the PHN does not believe that the descriptions fall under the role or scope of a PHN, or that the PHN did not engage in the stated activity in their recent community practice example. We cannot interpret their lack of involvement in the activity as a deficiency as there may have been engagement by other members who were assigned to this specific role, given that these community initiatives are collaborative efforts.

PHNs were asked to report their level of agreement with being actively involved with community organizations, representatives, or community members in their recent community practice example. Over 70% of the 47 PHNs who responded strongly agreed (25.5%) or agreed (46.9%).

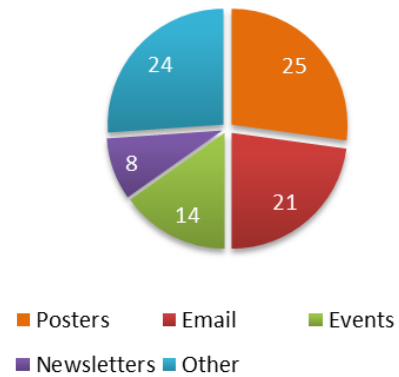
Audience of Recent Practice Examples



42 PHNs responded. The most frequently identified audiences were parents and families, Indigenous, and Newcomers. PHNs identified "other" communities such as structurally disadvantaged populations, people who smoke or inject drugs, people living with addictions, and health care providers.

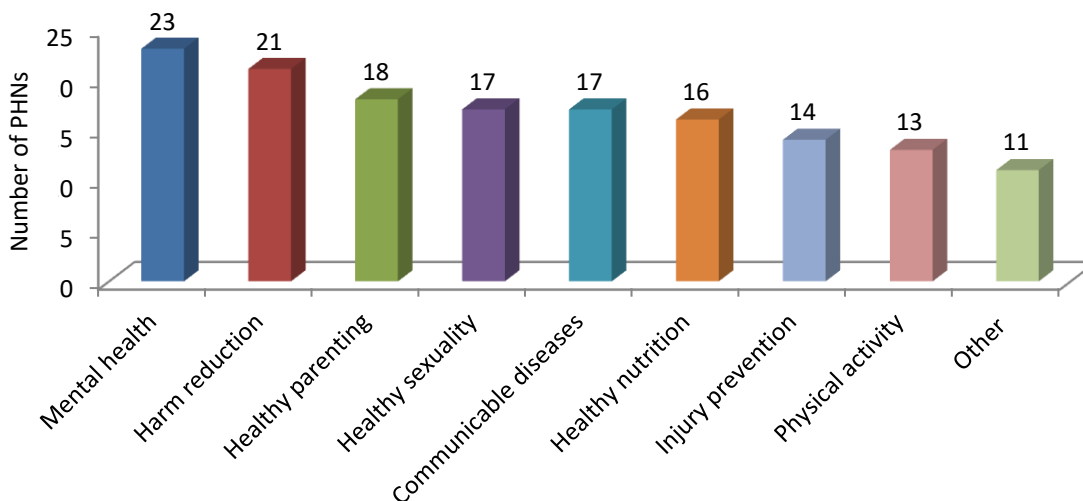
Communication Mediums Used in Recent Practice Examples

Of the 40 PHNs who indicated the communication medium used in their community level initiative, 62.5% used posters, 52.5% emails, 60% reported other mediums used such as phone calls, social media platforms presentations, and workshops.



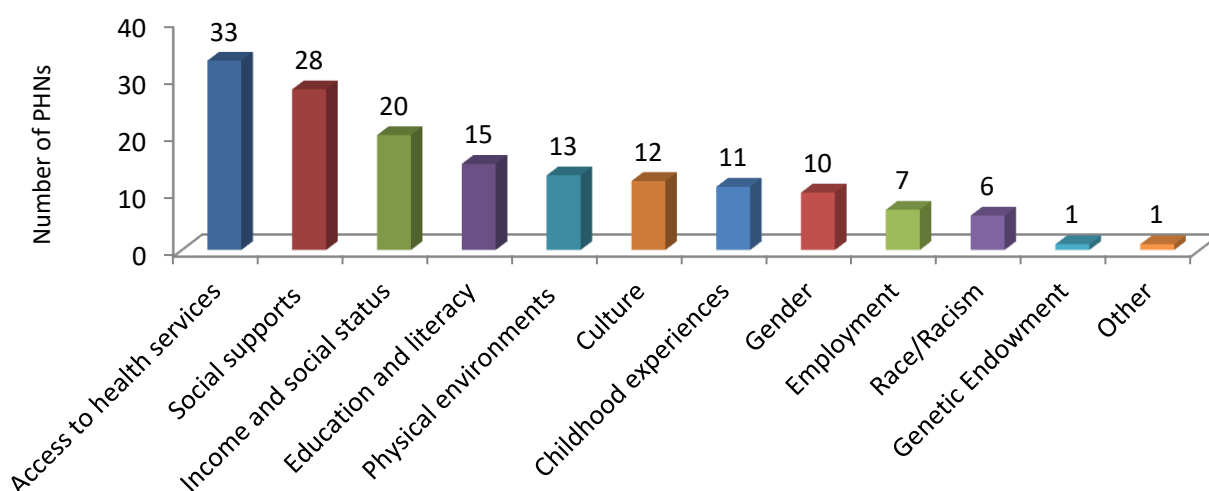
Topics of Discussion of Recent Practice Examples

54.8% of the 42 PHNs who reported the topic discussed in their recent community practice example focused on mental health. 50% discussed harm reduction; 42.9% healthy parenting; and 40.4% healthy sexuality. A smaller percentage of PHNs discussed injury prevention and physical activity. 26% of PHNs indicated "other" topics such as healthy relationships, prenatal health, early childhood development, immunizations, and dental health. The graph below illustrates the health topics discussed by the PHNs in their recent community practice examples.



Determinants of Health Discussed in Recent Practice Examples

80.5% of the 41 PHNs discussed access to health services in their recent community practice example. 68.3% focused on social support and coping skills and 48.8% discussed income and social status. A smaller percentage of PHNs discussed gender, employment, and racism. The graph below illustrates the determinants of health discussed by the PHNs in their recent community practice examples.



Engagement Processes of Recent Practice Examples

Participant Quotes

On opportunities for learning: *"I have also provided health related sessions in after school programs and Leadership courses as requested by the staff and participants."*

On networking with diverse sectors: *"I had partnered with the school on strategies to improve immunization on new comers."; "Working with a Community partner to provide an access point..."*

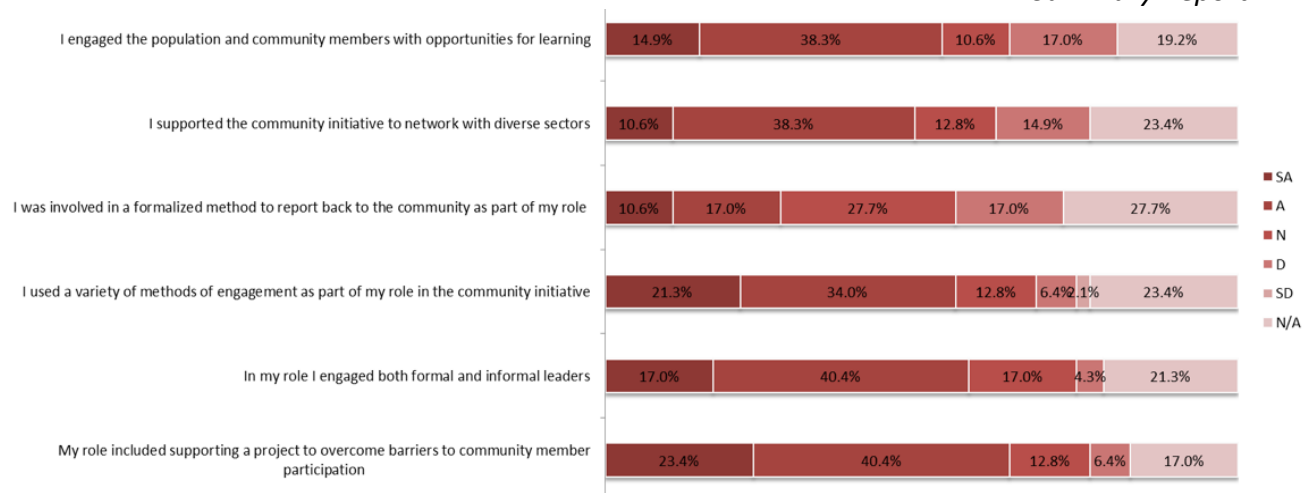
On methods of engagement: *"I have offered regular health and community information for families through their newsletter or community support worker bulletin board."; "Booths at Community Centre & Parent Child Council AGM community events."*

On overcoming barriers: *"I proposed bringing Coping with Change into the community and using some funds to cover costs of child minding and transportation. Both have been barriers to clients being unable to attend in the past."*

The stacked bar chart below illustrates statements related to **engagement processes** of the PHNs' recent community practice examples. Between 34% and 40% of the PHNs agreed with the statements. However, only 17% agreed to being involved in a formalized method to report back to the community as part of their role. Overall, a small percentage of PHNs disagreed with each statement, for example, only 2.1% strongly disagreed with using a variety of methods of engagement.

In general, the PHNs describe their role as engaging the population with opportunities for learning, supporting the community initiative in networking, using a variety of methods of engagement, and supporting the project to overcome barriers to community member participation. The quotes illustrate concrete examples on engagement processes of the community initiative reported by the PHNs. Areas in which PHNs described less engagement include reporting back to the community in a formalized method and using a variety of methods of engagement in the community initiative.

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Capacity Building of Recent Practice Examples

The stacked bar chart below illustrates statements related to **capacity building** of the PHNs' recent community practice examples. Over 70% of PHNs strongly agreed or agreed with engaging in ways that contributed to a sense of community among community members. Approximately 75% of PHNs expressed agreement or strong agreement with their role in increasing understanding of health issues among community members. Between 10.6% and 25.5% of PHNs indicated these statements did not apply to their recent practice example.

Overall, PHNs describe their role as increasing understanding of health issues among community members, contributing to a sense of community, and supporting the community to explore root causes of issues. One area in which PHNs described providing less capacity building support included sharing local data and evidence to increase understanding of health and wellbeing. This may entail clarifying what forms local data and evidence are presented in or how to effectively communicate these with the community members. As well, PHNs described less often exploring the causes of the causes when working with community members to identify root issues.

Participant Quotes

On increasing understanding of health issues:

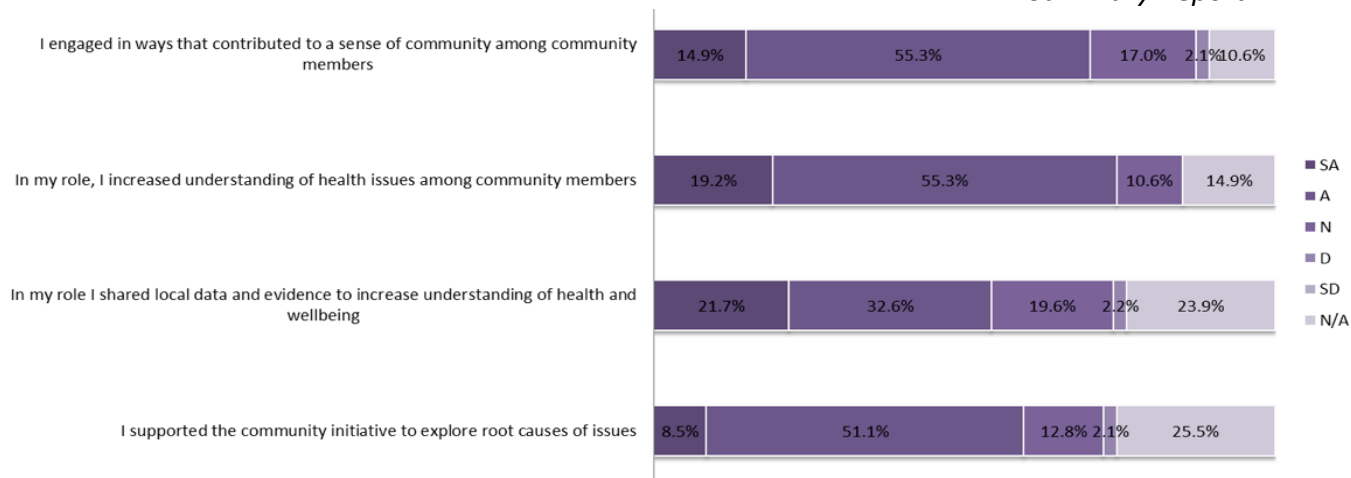
"Improving access to health information, primary care And supporting agencies to improve health outcomes is also the focus."

On sharing local data and evidence: *"I also developed a poster with xxx that was circulated throughout the school division highlighting the concern with [an infectious disease]..."*

On exploring the root causes of issues:

"...supporting the community in a MB housing complex to address the closing of their walking school bus. Administration announced the walking school bus would be discontinued due to funding."

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Structures and Resources of Recent Practice Examples

The stacked bar chart below illustrates statements related to **structures and resources** of the PHNs' recent community practice examples. Between 25.5% and 46.8% of the PHNs agreed with most statements. However, only 8.5% agreed with their role in supporting the community initiatives to access financial resources. This may imply the need for more guidance on how to access financial resources within the communities, or that the statement did not fall under the PHN's specific role as part of the community level initiative.

Encouraging the community initiative to develop links with pre-existing community structures and partners was reported more often than creating new community structures.

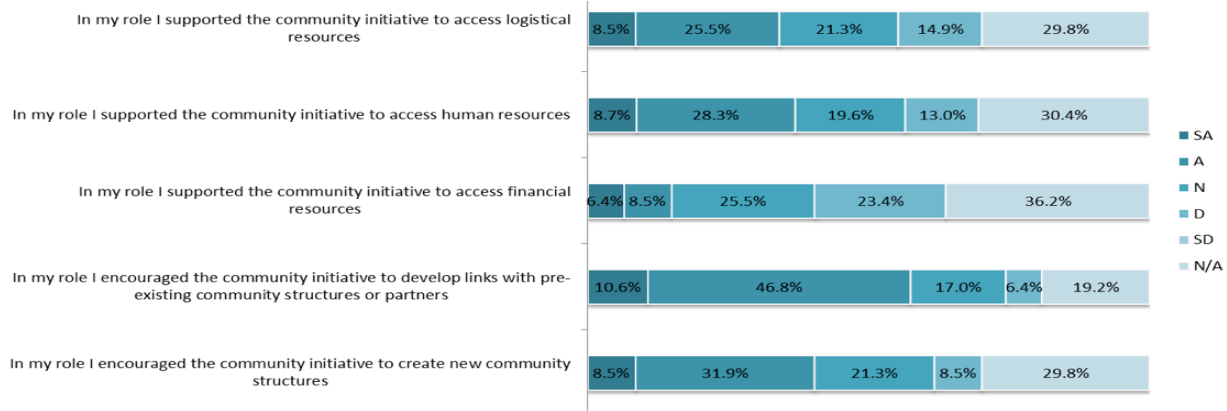
Participant Quotes

On accessing resources: *"I participated in xxx information evening at a school supporting introduction to kindergarten/community resources for parents and children..."; "used partnership to obtain money for a group at a boarding home, worked with boarding home to plan what to do with money...Helped boarding home to take over the lead on the group/money and planning for future years."*

On creating networks and partnerships: *"Partnerships that I have made within the school include the community support worker, principal, vice principal, secretary, and the special education resource teacher."; "Working with community partners and other sectors of public health."; "partner with agencies to learn goals/target groups for improved health."*

On creating new community structures: *"Partnered with a couple community agencies to offer a mental health program to PP mothers."; "Partnered and planned with xxx School to provide a program called "xxx" Program concentrates on the topics of Healthy Relationships/Friendships/bullying."*

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Additional Supports Beneficial to Implement in Community Level Work

PHNs described a variety of additional supports that would be beneficial to implement community level work. The major themes are illustrated in the diagram below.

Participant quotes

On educational supports: *“Education and seminars with community programs to further understand their programing and ways to integrate our practices.”; “Training, I know it is not black and white but sometimes it is hard to know where to start.”; “Education, training opportunities, buddy system.”; “We could always use some in depth education on engaging partners/community engagement.”; “would be nice to have access to standard presentation/information to support our Nursing Standards rather than reading minutes.”*

On additional time: *“...it is difficult to be able to anticipate when you would have time to devote to community outreach.”; “More time allocated for these initiatives for everyone.”; “Allotted time to work in the community.”*

On increased staffing: *“Increased education and staffing to allow PHNs to take the time to better support community agencies (community level work).”*



On resources: *“Greater knowledge of available resources in the community.”*

On collaborations: *“we need to collaborate and integrate more...”; “There also needs to be better connections with the City of Winnipeg, schools, food banks, etc.”*

On manager support: *“I find our current team manager is very supportive of all community development initiatives.”*

Great Work! ... Next steps:

The responses from this survey indicate PHNs are working in their community to improve community health and wellbeing. PHNs are engaging with a number of partners, working with various audiences and engaging in a number of health and social determinant of health topics. PHNs have identified areas for improvement to fully engage in the range of community level work identified in the PHN Professional Practice Model.

This snap shot survey has limitations. For example, given that the number of respondents is small (n=68), the results cannot be generalized across all PHNs in the Region. We cannot assume that the PHNs who did not respond were not involved in any community level initiatives. The nature of the survey limits our ability to fully understand the participant's experiences or comprehension of the questions. Open-ended responses with little information hindered the ability to interpret the data. Lastly, not all survey participants responded to each question, resulting in missing and/or unknown records.

Public Health Nursing Teams are asked to review these results and discuss:

- Do the above results reflect what you experience in your practice? Was there anything that was surprising or reaffirming?
- Are the results reflective of how community level practice has been described as a "Team Sport"? Why or why not?
- What is one thing you can do to enhance your community level practice?
- In what ways can you support the PPH team to enhance PHN community level practice?