CASN Public Health Education Survey

GLOSSARY

Definitions are from the Canadian Community Health Nursing Standards of Practice[1] (http://www.communityhealthnursescanada.org/Standards.htm) unless otherwise stated.

***Access/Accessibility*:** Accessibility of health care refers to the extent to which community health nursing and other health services reach people who need them most and how equitably those services are distributed throughout the population (Stanhope & Lancaster, 2001). Accessibility may also refer to the extent to which people have access to material, social and other resources for health [see 'equity'].

Acceptability: The extent to which health programs and delivery methods are acceptable to individuals and communities, responsive to their needs across the life span (CHNAC, 2003).

***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 programme. (WHO, 1998, p.5)

Caring: Community health nurses recognize that caring is an essential human need but that its expression in practice varies across cultures and domains. The importance of caring in community health nursing is seen as essential and universal. In the Canadian context of community health nursing practice, caring is based on the principle of social justice, in which the nurse brings an awareness of equity and the fundamental right of all humans to accessible, competent health care and essential determinants of health. Caring is expressed through competent practice and the development of a connective relationship that values the individual/community as unique and worthy of a nurse's "presence" and attention. Caring community health nursing practice acknowledges the physical, spiritual, emotional and cognitive nature of individuals, families, groups and communities. Community health nurses enact their belief in caring by preserving, protecting and enhancing human dignity in all of their interactions.

[1] Community Health Nurses Association of Canada (CHNAC), "The Canadian Community Health Nursing Standards of Practice," CHNAC, May, 2003.

***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 or parts 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. (WHO, 1998, p.14)

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which 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. (WHO, 1998, p.5)

Community as context : The recipient of care (client) is the individual, family or group (e.g.corrections), who are centred in the community.

Community as partner: The recipient of care (client) is the community or population (e.g immunization protocol for a health region).

Community development: The 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 absolute worth of the individual and starting where they are. It is a process that is used frequently (although not exclusively) with the most disenfranchised groups in society. It is a process of involving a community in the identification and reinforcement of those aspects of everyday life, culture and political activity that are conducive to health. This might include support for political action to modify the total environment and strengthen resources for healthy living, as well as reinforcing social networks and social support within a community and developing the material resources and economic base available to the community. (CPHA, 1990)

Connecting: The establishment of 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 and Oberle, 1990)

Cultural Competence: A process that begin's with one's willingness to learn about cultural issues, proceeds with the commitment to incorporate at all levels of care the importance of culture, and is operationalized by making adaptations in services to meet culturally unique needs. An awareness and acceptance of cultural differences is required as a first step in the process of becoming a culturally competent individual (Anderson & McFarlane, 2004).

Determinants of health: The Federal, Provincial, Territorial Advisory Committee on Population Health (1999) identifies the following determinants or prerequisites to health: the determinants of health including social, economic and environmental health determinants: a) income and social status, b) social support networks, c) education, d) employment and working conditions, e) social environments, f) physical environments, g) biology and genetic endowment, h) personal health practices and coping skills, i) healthy child development, j) health services, k) gender, and l) culture (Health Canada, 2000).

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 effect change and includes the desire to increase freedom of choice for others and society. Empowerment is not something that can be done to or for people, but involves people discovering and using their own strengths. Empowering strategies or environments (e.g. healthy workplaces such as those supporting flex time or exercise) build capacity by moving individuals, groups and communities towards the discovery of their strengths and their ability to take action to improve quality of life.

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, J.M., 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. (WHO, 1998, p.7) Strictly speaking, equity is not the same as equality. Inequity in health refers to a systematic inequality in health (or its social determinants) between more or less advantaged social groups; in other words, a health inequality that is unjust or unfair (Braveman & Gruskin, 2003).

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, shaped by theories, values, client choice, clinical judgement, ethics, legislation, and work environments. Evidencebased 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

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 WHO conference at Alma Ata. (WHO, 1978, p.21)
The five principles of Primary Health Care[2]:

(1) Accessibility – health services are universally available to all Canadians regardless of geographic location. Distribution of health professionals in rural, remote and urban communities is key to the principle of accessibility.

(2) Public participation – clients are encouraged to participate in making decisions about their own health, in identifying the health needs of their community and in considering the merits of alternative approaches to addressing those needs. Adoption of the principle of public participation ensures respect for diversity. It also means the design and delivery of health care is flexible and responsive. Participation ensures effective and strategic planning for, and the evaluation of, health care services in a community.

(3) Health promotion – involves health education, nutrition, sanitation, maternal and child care, immunization, prevention and control of endemic disease. Effective health promotion activities reduce the demands for curative and rehabilitative care. Through health promotion, individuals and families build an understanding of the determinants of health and develop skills to improve and maintain their health and well-being.

(4) Appropriate technology – The principle recognizes the importance of developing and testing innovative models of health care and of disseminating the results of research related to health care. It also recognizes the imperative of ongoing capacity building and professional development of the workforce in an industry whose knowledge and technology infrastructure is continuously developing and changing. The principle also means individuals will receive appropriate care from the appropriate health care professional, within a time frame that is appropriate.

[2] Canadian Nurses Association. Primary Health Care: A new approach to health care reform. (June 2002) - http://www.cna-nurses.ca/CNA/documents/pdf/publications/PHC_presentation_Kirby_6602_e.pdf (link; March 28, 2005).

(5) Inter-sectoral cooperation – recognizes that health and well-being are linked to both economic and social policy. Inter-sectoral means experts in the health sector working with experts in education, housing, employment, immigration, etc. It also means health professionals from various disciplines collaborate and function interdependently to meet the needs of Canadians. Inter-sectoral and intra-sectoral cooperation is needed to establish national health goals or "standards," as well as to the development of healthy public policy and the planning and evaluation of health services. While nursing has adopted primary health care as a method to improve the health of Canadians, it has not become a focus for the Canadian health care system.

Program Delivery Types:

Standard generic	Entire curriculum is offered and delivered at University site.
Collaborative	A program runs in partnership between a University and another institution.
Compressed	The program is packed together and delivered in a shorter time frame.
fast track	The program is delivered in a shorter frame, using summer semesters.
Accelerated	Students hold a baccalaureate degree and enrol in a two year program.
Advanced standing	The student is given credit for previous learning and/or experience.
Second-entry level	Mature candidates with both university and life experience enrol in a two-year program.

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)

The following is an explanation of the categories of replies to survey questions:

Check all that apply.

	Core (required) theory course	Required practicum	Required segment of course	Core thread throughout courses	Selected nursing elective	Not covered	Future plans to add
Community assessment	☐	☐	☐	☐	☐	☐	☐
Asset/strength-based approach	☐	☐	☐	☐	☐	☐	☐
Determinants of health	☐	☐	☐	☐	☐	☐	☐

Core (required) theory course: content is the entire focus of a course, consisting of a series of lectures, labs, and/or seminars, that is assigned a title, a number, and a specified number of credits as part of the requirements that must be completed for graduation with a baccalaureate degree in nursing

Required practicum: content is covered in a clinical practice course that is assigned a title, a number, and a specified number of credits as part of the requirements that must be completed for graduation with a baccalaureate degree in nursing; this does not include a community health experience that is part of a theory course e.g. observation, community health assessment/development projects

Required segment of course: content is covered as an essential component of a core theory course; it may be part of one or more lectures, labs, and/or seminars or may be an assignment, a module, and/or a problem-based learning case

Core thread throughout courses: content is integrated in more than one course based on the curriculum conceptual framework

Selected Nursing elective: content in an optional university nursing credit course that may be taken as part of the requirements for nursing degree completion; it is chosen by the student rather than imposed by the nursing program, although the choice may need to be approved.

Not covered: the concept is not included in any part of the teaching/learning of the Present curriculum.

Future plans to add: discussion has begun regarding changing the curriculum to include this content.