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COMMUNITY HEALTH NURSING

A CANADIAN PERSPECTIVE



FIFTH EDITION

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A CANADIAN PERSPECTIVE

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Brief Contents

List of Canadian Research Boxes xv

Preface xvii

Contributors xxiii

Part One THE CONTEXT OF COMMUNITY HEALTH NURSING IN CANADA 1

Chapter 1 The History of Community Health Nursing in Canada

Adele Vukic and Katie Dilworth 1

Chapter 2 Policy, Politics, and Power in Health Care

Josephine Etowa, Lisa Ashley, and Esther Moghadam 18

Chapter 3 Nursing Roles, Functions, and Practice Settings

J. Craig Phillips and Ruth Schofield 35

Chapter 4 Public Health Nursing

Caroline J. Porr, Anne J. Kearney, and Aliyah Dosani 58

Chapter 5 Home Health Nursing in Canada

Shirlee Sharkey, Nancy Lefebvre, Karen L. Ray, Tracy Scott, and the Saint Elizabeth First Nations, Inuit and Métis Team 74

Chapter 6 Advocacy, Ethical, and Legal Considerations

Elizabeth Peter, Louise Sweatman, and Kathleen Carlin 88

Part Two FOUNDATIONS AND TOOLS FOR COMMUNITY HEALTH NURSING PRACTICE 102

Chapter 7 Theoretical Foundations of Community Health Nursing

Claire Betker, Mary E. Hill, Megan Kirk, and Marjorie MacDonald 102

Chapter 8 Health Promotion

Candace Lind and Louise Baptiste 137

Chapter 9 Race, Culture, and Health

Elizabeth McGibbon and Joyce Mbugua 168

Chapter 10 Evidence-Informed Decision Making in Community Health Nursing

Jackie Muresan and Rebecca Ganann 183

Chapter 11 Epidemiology

Lynnette Leeseberg Stamler & Aliyah Dosani 202

Chapter 12 Communicable Diseases

Sarah Alley 218

Chapter 13 Community Nursing Process

Lucia Yiu 249

Chapter 14 Community Health Planning, Monitoring, and Evaluation

Nancy C. Edwards and Josephine Etowa 271

Chapter 15 Digital Health

Linda Ferguson and Tracie Risling 290

Part Three NURSING CARE OF SELECTED POPULATIONS 311

Chapter 16 Maternal, Newborn, and Child Health

Josephine Etowa, Aliyah Dosani, and Heather Bensler 311

Chapter 17 School Health

Jo-Ann MacDonald and Cheryl van Daalen-Smith 331

Chapter 18 Family Nursing

Lisa Underhill, Debbie Sheppard-Lemoine, and Megan Aston 350

Chapter 19 Gender and Community Health

Cheryl van Daalen-Smith and Aliyah Dosani 365

Chapter 20 Lesbian, Gay, Bisexual, Transgender, Queer, and Two Spirit Clients

Elizabeth M. Saewyc 380

Chapter 21 Older Adult Health

Christine McPherson and Karen Curry 391

Chapter 22 Indigenous Health

Dawn Tisdale and Gwen Campbell McArthur 406

Chapter 23 Community Mental Health

Amélie Perron and Dave Holmes 426

Chapter 24 Rural and Remote Health

Mary Ellen Labrecque and Kelley Kilpatrick 444

Chapter 25 Chronic Care, Long-Term Care, and Palliative Care

Lorraine Holtslander and Shelley Peacock 459

Chapter 26 Correctional Health

Cindy Peternej-Taylor and Phil Woods 471

Chapter 27 Ecological Determinants of Health and Environmental Health Inequities

Andrea Chircop 489

Part Four SELECTED COMMUNITY PROBLEMS 503

Chapter 28 Violence and Health

Elizabeth McGibbon, Annette Bailey, Sionnach Lukeman 503

Chapter 29 Poverty, Homelessness, and Food Insecurity

Kathryn Hardill 521

Chapter 30 Substance Use

Abe Oudshoorn and Victoria Smye 537

Chapter 31 Sexually Transmitted and Blood-Borne Infections

Wendi Lokanc-Diluzio and Tammy Troute-Wood 557

Chapter 32 Emergency Preparedness and Disaster Nursing

Alana Devereaux and Claire Farella 575

Part Five LOOKING AHEAD 589

Chapter 33 Global Health

Shahirose Premji, Aliyah Dosani, and Josephine Etowa 589

Chapter 34 Critical Community Health Nursing: An Imperative

Aliyah Dosani, Josephine Etowa, and Cheryl van Daalen-Smith 604

Appendix A THE CANADIAN COMMUNITY HEALTH NURSING STANDARDS OF PRACTICE 610

Appendix B PUBLIC HEALTH NURSING DISCIPLINE-SPECIFIC COMPETENCIES 615

Appendix C HOME HEALTH NURSING COMPETENCIES 619

Index 622

Contents

List of Canadian Research Boxes xv

Preface xvii

Contributors xxiii

Part One THE CONTEXT OF COMMUNITY HEALTH NURSING IN CANADA 1

Chapter 1 The History of Community Health Nursing in Canada 1

INTRODUCTION 1

ORIGINS OF COMMUNITY HEALTH NURSING 2

NATION BUILDING AND THE NIGHTINGALE ERA (MID- TO LATE 19TH CENTURY) 3

EARLY 20TH CENTURY EVOLUTION OF COMMUNITY HEALTH NURSING 4

NURSING EDUCATION 7

MID-20TH CENTURY: EVOLUTION OF COMMUNITY HEALTH NURSING 8

LATE 20TH CENTURY: THE NEW PUBLIC HEALTH—PRIMARY HEALTH CARE AND HEALTH PROMOTION 10

21ST CENTURY PROSPECTIVE: CONTINUITY WITH THEMES OF THE PAST 10

Conclusion 12

Key Terms 13

Study Questions 13

Individual Critical-Thinking Exercises 13

Group Critical-Thinking Exercises 13

References 14

About the Authors 17

Acknowledgement 17

Chapter 2 Policy, Politics, and Power in Health Care 18

INTRODUCTION 18

HISTORICAL MILESTONES IN CANADIAN HEALTH CARE 19

A PARADIGM SHIFT TO PREVENTION, PROMOTION, AND THE SOCIAL DETERMINANTS OF HEALTH 20

ORGANIZATION OF COMMUNITY HEALTH CARE 22

POLICY, POLITICS, AND POWER IN HEALTH EQUITY AND CHN PRACTICE 25

CHALLENGES IN COMMUNITY HEALTH NURSING PRACTICE 27

Conclusion 30

Key Terms 30

Study Questions 30

Individual Critical-Thinking Exercises 30

Group Critical-Thinking Exercises 31

References 31

About the Authors 34

Chapter 3 Nursing Roles, Functions, and Practice Settings 35

INTRODUCTION 35

BLUEPRINT FOR ACTION FOR COMMUNITY HEALTH NURSING IN CANADA 36

COMMUNITY HEALTH NURSING PRACTICE MODEL AND STANDARDS OF PRACTICE 36

NURSING ROLES IN COMMUNITY SETTINGS 41

EXPANSION AND REGULATION OF NURSING PRACTICE IN COMMUNITIES 49

TRENDS IN COMMUNITY HEALTH NURSING 50

Conclusion 52

Key Terms 52

Study Questions 52

Individual Critical-Thinking Exercises 53

Group Critical-Thinking Exercises 53

References 53

About the Authors 57

Chapter 4 Public Health Nursing 58

- INTRODUCTION 58
- HISTORICAL EVOLUTION OF PUBLIC HEALTH NURSING 59
- PRIMARY HEALTH CARE AND PUBLIC HEALTH NURSING 62
- PUBLIC HEALTH NURSING DISCIPLINE-SPECIFIC COMPETENCIES 63
- SIX ESSENTIAL FUNCTIONS OF PUBLIC HEALTH AND PUBLIC HEALTH NURSING ROLES 65
- PUBLIC HEALTH NURSING AND LEADERSHIP 65
- LEVELS OF PREVENTION 65
- Conclusion 70
- Key Terms 71
- Study Questions 71
- Individual Critical-Thinking Exercises 71
- Group Critical-Thinking Exercises 71
- References 71
- About the Authors 73

Chapter 5 Home Health Nursing in Canada 74

- INTRODUCTION 74
- HOME HEALTH NURSING 75
- HOME HEALTH NURSING CARE 76
- ORGANIZATIONAL SUPPORTS FOR HOME HEALTH NURSING 78
- REWARDS AND CHALLENGES IN HHN 79
- HEALTH EQUITY IN HOME HEALTH NURSING 81
- HOME HEALTH NURSES: THE FUTURE 84
- Conclusion 84
- Key Terms 84
- Study Questions 84
- Individual Critical-Thinking Exercises 84
- Group Critical-Thinking Exercises 85
- References 85
- About the Authors 87

Chapter 6 Advocacy, Ethical, and Legal Considerations 88

- INTRODUCTION 88
- SOCIAL JUSTICE 89

ETHICAL AND LEGAL ISSUES ARISING IN COMMUNITY HEALTH NURSING PRACTICE 91

- Conclusion 99
- Key Terms 99
- Study Questions 99
- Individual Critical-Thinking Exercises 99
- Group Critical-Thinking Exercises 99
- References 99
- About the Authors 101

Part Two FOUNDATIONS AND TOOLS FOR COMMUNITY HEALTH NURSING PRACTICE 102**Chapter 7** Theoretical Foundations of Community Health Nursing 102

- INTRODUCTION 102
- WHAT IS THEORY, AND WHY IS IT ESSENTIAL? 103
- CORE CONCEPTS 104
- PATTERNS OF KNOWING IN NURSING 104
- LEVELS OF THEORETICAL KNOWLEDGE IN COMMUNITY HEALTH NURSING 104
- HISTORY OF COMMUNITY HEALTH NURSING THEORY DEVELOPMENT AND USE 107
- THEORETICAL FOUNDATIONS OF COMMUNITY HEALTH NURSING 108
- LEVELS OF PRACTICE 108
- THE COMMUNITY HEALTH NURSING METAPARADIGM 109
- NURSING PHILOSOPHY, VALUES, BELIEFS, AND ETHICS 111
- BROAD THEORETICAL PERSPECTIVES 112
- CONCEPTUAL MODELS AND FRAMEWORKS 116
- NURSING THEORIES 121
- Conclusion 129
- Key Terms 129
- Study Questions 130
- Individual Critical-Thinking Exercises 130
- Group Critical-Thinking Exercises 130
- References 130
- About the Authors 136

Chapter 8 Health Promotion 137

INTRODUCTION	137
DEFINITIONS OF HEALTH AND HEALTH PROMOTION	138
UPSTREAM AND DOWNSTREAM APPROACHES TO PROMOTING HEALTH	140
PRIMARY HEALTH CARE	141
THE OTTAWA CHARTER FOR HEALTH PROMOTION	144
SOCIAL DETERMINANTS OF HEALTH	146
POPULATION HEALTH PROMOTION	151
SOCIAL MARKETING: AN EXAMPLE OF A POPULATION HEALTH INTERVENTION	154
“AT RISK” POPULATIONS	154
LEVELS OF PREVENTION USED IN HEALTH PROMOTION	156
HARM REDUCTION	158
RESEARCH, ADVOCACY, AND ACTIVISM IN HEALTH PROMOTION PRACTICE	160
Conclusion	161
Key Terms	162
Study Questions	162
Individual Critical-Thinking Exercises	162
Group Critical-Thinking Exercises	162
References	163
About the Authors	167

Chapter 9 Race, Culture, and Health 168

INTRODUCTION	168
ASSUMPTIONS AND CHARACTERISTICS OF CULTURE	169
CULTURAL DIVERSITY IN CANADA	169
CULTURE, RACE, AND RACISM	172
THE CYCLE OF OPPRESSION	174
CULTURAL COMPETENCE, CULTURAL SAFETY, AND CULTURAL HUMILITY	175
RACISM AND WHITE SETTLER PRIVILEGE IN NURSING	176
TOWARD ANTI-OPPRESSION, ANTI-RACISM COMMUNITY HEALTH NURSING PRACTICE	178
Conclusion	179
Key Terms	180

Study Questions	180
Individual Critical-Thinking Exercises	180
Group Critical-Thinking Exercises	180
References	180
About the Authors	182

Chapter 10 Evidence-Informed Decision Making in Community Health Nursing 183

INTRODUCTION	183
WHAT IS EVIDENCE-INFORMED DECISION MAKING?	185
THE PROCESS OF EVIDENCE-INFORMED PRACTICE	186
CRITICAL APPRAISAL OF INTERVENTION STUDIES (TREATMENT OR PREVENTION)	189
CRITICAL APPRAISAL OF SYSTEMATIC REVIEWS	192
CRITICAL APPRAISAL OF QUALITATIVE RESEARCH	194
USING RESEARCH IN PRACTICE	197
PARTICIPATING IN COMMUNITY HEALTH RESEARCH	198
Conclusion	198
Key Terms	199
Study Questions	199
Individual Critical-Thinking Exercises	199
Group Critical-Thinking Exercises	199
References	199
About the Authors	201

Chapter 11 Epidemiology 202

INTRODUCTION	202
WHAT IS EPIDEMIOLOGY?	203
MEASUREMENT IN EPIDEMIOLOGY	207
RESEARCH IN EPIDEMIOLOGY	212
Conclusion	215
Key Terms	215
Study Questions	216
Individual Critical-Thinking Exercises	216
Group Critical-Thinking Exercises	216
References	216
About the Authors	217

Chapter 12 Communicable Diseases 218

INTRODUCTION 218

COMMUNICABLE DISEASES: A HISTORICAL PERSPECTIVE 219

TRANSMISSION OF COMMUNICABLE DISEASES 220

VACCINE-PREVENTABLE DISEASES 221

SEXUALLY TRANSMITTED INFECTIONS AND BLOOD-BORNE INFECTIONS 221

ENTERIC, FOOD-, AND WATER-BORNE INFECTIONS 223

ZOO NOTIC AND VECTOR-BORNE DISEASES 224

RESPIRATORY INFECTIONS 225

HEALTH CARE-ASSOCIATED AND HEALTH CARE-ACQUIRED INFECTIONS 227

ANTIMICROBIAL RESISTANCE 228

NOTIFIABLE/REPORTABLE DISEASES IN CANADA 230

SELECT COMMUNICABLE DISEASES IN CANADA BY GROUPINGS 230

CONTROL AND MANAGEMENT OF COMMUNICABLE DISEASES 231

OUTBREAKS AND CONTACT TRACING 241

ROLE OF THE COMMUNITY HEALTH NURSE 242

Conclusion 245

Key Terms 245

Study Questions 245

Individual Critical-Thinking Exercises 245

Group Critical-Thinking Exercises 245

References 246

About the Author 248

Chapter 13 Community Nursing Process 249

INTRODUCTION 249

COMMUNITY DEFINED 250

SELECTED COMMUNITY ASSESSMENT MODELS AND FRAMEWORKS 251

APPLICATION OF THE COMMUNITY HEALTH NURSING PROCESS 253

POPULATION HEALTH 258

COMMUNITY PARTICIPATORY TOOLS FOR COMMUNITY PLANNING 261

ROLE OF CHNs 264

Conclusion 267

Key Terms 267

Study Questions 267

Individual Critical-Thinking Exercises 268

Group Critical-Thinking Exercises 268

References 268

About the Author 270

Chapter 14 Community Health Planning, Monitoring, and Evaluation 271

INTRODUCTION 271

PROGRAM PLANNING AND EVALUATION 272

THE SHIFT TO MULTIPLE

INTERVENTIONS 276

THE MULTIPLE INTERVENTION PROGRAM FRAMEWORK 279

Conclusion 285

Key Terms 286

Study Questions 286

Individual Critical-Thinking Exercises 286

Group Critical-Thinking Exercises 286

References 286

About the Authors 289

Chapter 15 Digital Health 290

INTRODUCTION 290

NURSING INFORMATICS COMPETENCIES 291

USE OF THE INTERNET TO ACCESS HEALTH INFORMATION 291

QUALITY OF DIGITAL HEALTH INFORMATION 295

TECHNOLOGY TO SUPPORT HEALTH PROMOTION, DISEASE PREVENTION, AND CHRONIC DISEASE MANAGEMENT 301

TELEHEALTH 302

POPULATION HEALTH AND TECHNOLOGY 303

ELECTRONIC DOCUMENTATION FOR COMMUNITY HEALTH NURSING 303

TECHNOLOGIES THAT SUPPORT KNOWLEDGE EXCHANGE AND PROFESSIONAL DEVELOPMENT 304

Conclusion 305

Key Terms 305

Study Questions 305
 Individual Critical-Thinking Exercises 305
 Group Critical-Thinking Exercises 305
 References 305
 About the Authors 310

Part Three NURSING CARE OF SELECTED POPULATIONS 311

Chapter 16 Maternal, Newborn, and Child Health 311

INTRODUCTION 311
 PERINATAL HEALTH INDICATORS 312
 SOCIOCULTURAL CONTEXTS OF MATERNAL, NEWBORN, AND CHILD HEALTH IN CANADA 314
 HEALTH PROMOTION AND DISEASE PREVENTION: TEENAGE MOTHERHOOD 318
 PERINATAL HEALTH PROMOTION: REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE 320
 EARLY CHILDHOOD HEALTH: INDICATORS AND HEALTH PROMOTION IN CANADA 322
 Conclusion 325
 Key Terms 326
 Study Questions 326
 Individual Critical-Thinking Exercises 326
 Group Critical-Thinking Exercises 326
 References 326
 About the Authors 330

Chapter 17 School Health 331

INTRODUCTION 331
 CRITICAL CONCEPTUALIZATIONS OF CHILDREN, CHILDHOOD, AND CHILDREN'S RIGHTS 334
 HEALTH DETERMINANTS AND OUTCOMES 334
 THINKING INTERSECTIONALLY ABOUT CHILD HEALTH EQUITY 337
 SCHOOL-BASED HEALTH PROMOTION MODELS 338
 ROLES OF THE SCHOOL-BASED PUBLIC HEALTH NURSE 339
 Conclusion 346
 Key Terms 346

Study Questions 346
 Individual Critical-Thinking Exercises 346
 Group Critical-Thinking Exercises 346
 References 347
 About the Authors 349

Chapter 18 Family Nursing 350

INTRODUCTION 350
 FAMILY NURSING 351
 TRENDS IN CANADIAN FAMILIES 351
 WHAT IS FAMILY? 351
 FAMILY ASSESSMENT 354
 THE FAMILY HOME VISIT 357
 FUTURE RESEARCH DIRECTIONS AND CHALLENGES 361
 Conclusion 362
 Key Terms 362
 Study Questions 362
 Individual Critical-Thinking Exercises 362
 Group Critical-Thinking Exercises 362
 References 362
 About the Authors 364

Chapter 19 Gender and Community Health 365

INTRODUCTION 365
 HOW WE UNDERSTAND HEALTH OUTCOMES OF CANADIAN MEN AND WOMEN 366
 GENDER AS A DETERMINANT OF HEALTH: GETTING CLEAR ON CONCEPTS 367
 INDIGENOUS NOTIONS OF GENDER 369
 SOCIETAL CAUSES OF GENDER-BASED INEQUITIES 369
 A GENDER-BASED LENS AND COMMUNITY HEALTH NURSING PRACTICE 373
 COMMUNITY HEALTH NURSING PRACTICE AND GENDER ADVOCACY—A FORM OF PRIMORDIAL AND PRIMARY PREVENTION 375
 Conclusion 376
 Key Terms 376
 Study Questions 376
 Individual Critical-Thinking Exercises 376
 Group Critical-Thinking Exercises 376
 References 377
 About the Authors 379

Chapter 20 Lesbian, Gay, Bisexual, Transgender, Queer, and Two Spirit Clients 380

INTRODUCTION 380

SEXUAL ORIENTATIONS AND GENDER IDENTITIES FOUND WITHIN CANADIAN COMMUNITIES 381

SOCIETAL ATTITUDES AND STRESSORS FOR LGBTQ2S PEOPLE 382

HEALTH INEQUITIES AMONG LGBTQ2S PEOPLE 382

COMING OUT, OR DISCLOSURE OF LGBTQ2S IDENTITY 383

RESPONSES THAT PROMOTE HEALTH OR CONTRIBUTE TO HARM FOR LGBTQ2S PEOPLE 384

ROLES FOR CHNs IN PROMOTING THE HEALTH OF LGBTQ2S POPULATIONS 385

Conclusion 387

Key Terms 387

Study Questions 387

Individual Critical-Thinking Exercises 388

Group Critical-Thinking Exercises 388

References 388

About the Author 390

Chapter 21 Older Adult Health 391

INTRODUCTION 391

DEMOGRAPHIC TRENDS IN AGING 391

THE SOCIAL CONTEXT OF AGING 392

COMMUNITY GERONTOLOGICAL PRACTICE AND COMMUNITY HEALTH NURSING 393

HEALTH PROMOTION, DISEASE PREVENTION, CHRONIC ILLNESS MANAGEMENT, AND CARE AT THE END OF LIFE 394

POPULATION GROUPS 399

BUILDING CAPACITY 400

FUTURE CHALLENGES AND OPPORTUNITIES 401

Conclusion 401

Key Terms 401

Study Questions 402

Individual Critical-Thinking Exercises 402

Group Critical-Thinking Exercises 402

References 402

About the Authors 405

Chapter 22 Indigenous Health 406

ELDER BLESSING AND RECOGNITION OF ANCESTORS AND LAND 406

INTRODUCTION 407

HISTORY OF INDIGENOUS PEOPLES IN CANADA 407

POLICY ISSUES AFFECTING COMMUNITY HEALTH NURSING IN INDIGENOUS COMMUNITIES 411

INDIGENOUS PEOPLES AND HEALTH INEQUITIES 412

INDIGENOUS DETERMINANTS OF HEALTH 415

RECONCILIATION, DECOLONIZATION, AND SELF-DETERMINATION 416

INDIGENOUS HEALTH AND COMMUNITY HEALTH NURSING 418

Conclusion 421

Key Terms 421

Study Questions 421

Individual Critical-Thinking Exercises 422

Group Critical-Thinking Exercises 422

References 422

About the Authors 425

Chapter 23 Community Mental Health 426

INTRODUCTION 426

MENTAL HEALTH AND ILLNESS 427

HISTORICAL CONTEXT AND CHALLENGES 427

RISK FACTORS 429

THE IMPACT OF MENTAL ILLNESS 432

SUICIDE IN CANADA 434

CARING FOR THE MOST VULNERABLE 435

COMMUNITY MENTAL HEALTH SERVICE DELIVERY 437

NURSING ROLES IN COMMUNITY MENTAL HEALTH 439

FUTURE DIRECTIONS AND IMPLICATIONS FOR NURSING 439

Conclusion 440

Key Terms 440

Study Questions 440

Individual Critical-Thinking Exercises 440
 Group Critical-Thinking Exercises 441
 References 441
 About the Authors 443

Chapter 24 Rural and Remote Health 444

INTRODUCTION 444
 THE CHARACTERISTICS OF RURAL AND REMOTE CANADA 445
 HEALTH INEQUITIES EXPERIENCED BY RESIDENTS OF RURAL AND REMOTE COMMUNITIES 448
 CHNs IN RURAL AND REMOTE COMMUNITIES 450
 RURAL AND REMOTE COMMUNITY HEALTH NURSING PRACTICE 452
 A DAY IN THE LIFE 452
 HEALTH POLICIES AND SUPPORT FOR CHN PRACTICE 453
 Conclusion 454
 Key Terms 454
 Study Questions 454
 Individual Critical-Thinking Exercises 454
 Group Critical-Thinking Exercises 455
 References 455
 About the Authors 458

Chapter 25 Chronic Care, Long-Term Care, and Palliative Care 459

INTRODUCTION 459
 CHRONIC CARE: DEFINITION AND MODELS OF CARE 460
 LONG-TERM CARE: OVER THE CONTINUUM 462
 PALLIATIVE CARE IN THE COMMUNITY: GOALS, STANDARDS, AND PRINCIPLES 464
 FAMILY CAREGIVERS: CONSEQUENCES, COPING, AND COST 466
 Conclusion 467
 Key Terms 467
 Study Questions 467
 Individual Critical-Thinking Exercises 467
 Group Critical-Thinking Exercises 468
 References 468
 About the Authors 470

Chapter 26 Correctional Health 471

INTRODUCTION 471
 HEALTH CARE OF CORRECTIONAL POPULATIONS 473
 COMMON HEALTH CHALLENGES 479
 PRACTICE SETTING 481
 COMMUNITY CONNECTIONS AND COLLABORATIONS 482
 PROFESSIONAL DEVELOPMENT, ADVOCACY, AND RESEARCH IN CORRECTIONAL NURSING 482
 Conclusion 484
 Key Terms 484
 Study Questions 484
 Individual Critical-Thinking Exercises 484
 Group Critical-Thinking Exercises 484
 References 485
 About the Authors 488

Chapter 27 Ecological Determinants of Health and Environmental Health Inequities 489

INTRODUCTION 489
 THE ECOLOGICAL DETERMINANTS OF HEALTH 490
 ENVIRONMENTAL HEALTH INEQUITIES 490
 THE ECOLOGICAL DETERMINANTS OF HEALTH AND GLOBAL CHANGE 492
 THREE ENVIRONMENTAL FRAMEWORKS 496
 COMMUNITY HEALTH NURSING PRACTICE 497
 Conclusion 499
 Key Terms 499
 Study Questions 500
 Individual Critical-Thinking Exercises 500
 Group Critical-Thinking Exercises 500
 References 500
 About the Author 502

Part Four SELECTED COMMUNITY PROBLEMS 503

Chapter 28 Violence and Health 503

INTRODUCTION 503
 OVERVIEW OF VIOLENCE AND HEALTH 504

ROOT OR STRUCTURAL CAUSES OF SOCIETAL VIOLENCE	505
THE PEOPLE, POVERTY, POWER MODEL: GIVING VOICE TO STRUCTURAL POWER AND PRIVILEGE	507
MORE FORMS OF STRUCTURAL POWER, PRIVILEGE, AND VIOLENCE	509
REVISITING POWER AND VIOLENCE: THE POWER AND CONTROL WHEEL	513
TRAUMA AND VIOLENCE-INFORMED CARE	514
Conclusion	516
Key Terms	516
Study Questions	516
Individual Critical-Thinking Exercises	517
Group Critical-Thinking Exercises	517
References	517
About the Authors	520

Chapter 29 Poverty, Homelessness, and Food Insecurity 521

INTRODUCTION	521
POVERTY, HOMELESSNESS, AND THE SOCIAL DETERMINANTS OF HEALTH	522
POVERTY IN CANADA	523
HOMELESSNESS	526
FOOD INSECURITY	531
ROLE OF THE COMMUNITY HEALTH NURSE	532
Conclusion	533
Key Terms	533
Study Questions	534
Individual Critical-Thinking Exercises	534
Group Critical-Thinking Exercises	534
References	534
About the Author	536

Chapter 30 Substance Use 537

INTRODUCTION	537
SUBSTANCE USE, ADDICTION, AND DEPENDENCE	538
THE CANADIAN CONTEXT OF SUBSTANCE USE: CHANGING PRIORITIES AND THE IMPACT ON HEALTH AND WELL-BEING	539
SUBSTANCE USE: AN INTERSECTIONAL ANALYSIS	540
VIOLENCE, TRAUMA, MENTAL HEALTH, AND SUBSTANCE USE	541

SUBSTANCE USE, HEALTH, AND SOCIAL INEQUITY	542
HARMFUL CONSEQUENCES OF SUBSTANCE USE	544
ETHICS AND SUBSTANCE USE: A CASE IN POINT—PREGNANCY	547
SUBSTANCE USE AND PREVENTION	547
COMMUNITY HEALTH NURSING AND HEALTH PROMOTING PRACTICE	550
Conclusion	551
Key Terms	551
Study Questions	551
Individual Critical-Thinking Exercises	552
Group Critical-Thinking Exercises	552
References	552
About the Authors	556

Chapter 31 Sexually Transmitted and Blood-Borne Infections 557

INTRODUCTION	557
HISTORY OF STBBIS AND THE IMPACT ON HEALTHY PUBLIC POLICY	558
SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS	558
BLOOD-BORNE INFECTIONS	560
IMPLICATIONS OF STBBIS	563
STBBI PREVENTION AND HARM REDUCTION	563
SPECIFIC POPULATIONS AT A HIGHER RISK FOR ACQUIRING STBBIS	565
INNOVATIVE STI AND BBI PREVENTION INTERVENTIONS IN CANADA	568
Conclusion	570
Key Terms	570
Study Questions	570
Individual Critical-Thinking Exercises	571
Group Critical-Thinking Exercises	571
References	571
About the Authors	574

Chapter 32 Emergency Preparedness and Disaster Nursing 575

INTRODUCTION	575
WHAT IS A DISASTER?	576
PUBLIC SAFETY AND EMERGENCY PREPAREDNESS IN CANADA	577
CRISES IN PUBLIC HEALTH	580

THE PUBLIC HEALTH AGENCY OF CANADA	582
PUBLIC HEALTH RESPONSE IN A DISASTER	582
ROLE OF COMMUNITY HEALTH ORGANIZATIONS IN DISASTERS	583
COMMUNITY HEALTH NURSES IN DISASTERS: THE NURSING PROCESS	583
SAFETY OF VULNERABLE AND PRIORITY POPULATIONS	585
Conclusion	586
Key Terms	586
Study Questions	586
Individual Critical-Thinking Exercises	586
Group Critical-Thinking Exercises	586
References	587
About the Authors	588

Part Five LOOKING AHEAD 589

Chapter 33 Global Health 589

INTRODUCTION	589
GLOBALIZATION	590
GLOBAL HEALTH—WHAT IS IT?	590
TRENDS IN GLOBAL BURDEN OF DISEASE	590
NEW AND REEMERGING INFECTIONS AND CHRONIC DISEASES IN GLOBAL HEALTH	593
MATERNAL, NEWBORN, AND CHILD HEALTH	593
THE EVOLUTION OF GLOBAL HEALTH EQUITY POLICY	596
GLOBAL TRENDS AND COMMUNITY HEALTH NURSING	597
GLOBAL HEALTH ETHICS	599
Conclusion	599
Key Terms	600
Study Questions	600
Individual Critical-Thinking Exercises	600
Group Critical-Thinking Exercises	600
References	601
About the Authors	603

Chapter 34 Critical Community Health Nursing: An Imperative 604

INTRODUCTION	604
TRENDS IN COMMUNITY HEALTH NURSING	605

GETTING CRITICAL	605
IMPLICATIONS FOR COMMUNITY HEALTH NURSING PRACTICE	606
Conclusion	608
References	608
About the Authors	609

Appendix A THE CANADIAN COMMUNITY HEALTH NURSING STANDARDS OF PRACTICE 610

INTRODUCTION	610
PURPOSE OF STANDARDS OF PRACTICE	610
USING THE STANDARDS OF PRACTICE	610
COMMUNITY HEALTH NURSING PRACTICE	610
STANDARDS OF PRACTICE FOR COMMUNITY HEALTH NURSES	611

Appendix B PUBLIC HEALTH NURSING DISCIPLINE-SPECIFIC COMPETENCIES 615

1. PUBLIC HEALTH AND NURSING SCIENCES	615
2. ASSESSMENT AND ANALYSIS	615
3. POLICY AND PROGRAM PLANNING, IMPLEMENTATION, AND EVALUATION	616
4. PARTNERSHIPS, COLLABORATION, AND ADVOCACY	617
5. DIVERSITY AND INCLUSIVENESS	617
6. COMMUNICATION	617
7. LEADERSHIP	617
8. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	618

Appendix C HOME HEALTH NURSING COMPETENCIES 619

1. ELEMENTS OF HOME HEALTH NURSING	619
2. FOUNDATIONS OF HOME HEALTH NURSING	620
3. QUALITY AND PROFESSIONAL RESPONSIBILITY	621

Index	622
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List of Canadian Research Boxes

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Preface

We would like to begin by thanking students, instructors and professors, and community health nurses (CHNs) who welcomed the first four editions and provided excellent and insightful feedback for this fifth edition. This textbook has been useful not only at multiple levels within undergraduate nursing programs across the country but also in preparation for the Canadian Nurses Association certification examination in community health. To know that each of our previous editions was informative and easy to read yet encouraged learners' thinking made developing this new edition even more meaningful.

Our community health nursing context in Canada is unique. We believe there are historical, political, legislative, cultural, and social influences that shape the health of Canadians. They have moulded the evolution of Canada as a society, our definitions of health, interactions with various health professionals, and our expectations relative to health care delivery. CHNs are both a product of those influences and an influence themselves. Community health nursing has evolved differently in Canada than in other countries. We believe that as practitioners in community health nursing, we must understand these influences to better prepare ourselves to help shape community health nursing and, ultimately, the health of all in Canada.

OUR APPROACH

Over time there has been much discourse on the scope and practice of community health nursing. Historically, "community health nursing" was used to describe all nursing outside the hospital setting. In this textbook, community health nursing is defined as a specialty in nursing that encompasses a number of sub-specialties and a variety of practice areas, including home health nursing and public health nursing.

The community client may be an individual, family, community, system, or population, but care is rendered with an eye to the health of the population. The setting may be a home, institution, community, or agency serving the population. The common academic preparation is the basic baccalaureate education leading to the designation Registered Nurse. The employer may be an individual, family, community, government, non-governmental, or not-for-profit agency. When our chapter authors address a specific health issue or a particular population or aggregate in this textbook, each is speaking through the lens of her or his experience and/or research about a segment within the larger whole of community health nursing.

We believe community health nursing functions within a multiplicity of theories and understandings. Some theories are common to all facets of the nursing profession, such as ethical treatment of clients, family assessment, or the meaning of health. In some cases, nursing drove the development of the

theory; in others, we have used the work of theorists in other disciplines. This textbook reflects that multiplicity, and the authors have described how the theories relate to community health nursing.

Community Health Nursing: A Canadian Perspective, Fifth Edition, has been written with the undergraduate student in mind. The work on this edition is in response to the needs expressed by faculty and students for a broad, comprehensive, and yet concise textbook providing an overview of community health nursing. Each topic is written with the understanding that this will be the student's first foray into the community health nursing arena. We have chosen to incorporate the individual, family, community, system, and population as client perspectives throughout the text.

NEW TO THE FIFTH EDITION

The new edition brings many changes. Aliyah Dosani, PhD, RN, has assumed the much-appreciated role of Lead Editor. Another important change is the wonderful addition of Josephine Etowa, PhD, RN, Loyer-DaSilva Research Chair in Public Health Nursing, and Cheryl van Daalen-Smith, PhD, RN, as co-editors. Together, their diverse expertise brings critical analyses and fresh ideas to this textbook.

The fifth edition's most prominent two new features are (1) its intentional focus on social justice and health equity, and (2) the deliberate incorporation of Indigenous content in virtually every chapter. In acknowledgement of the Truth and Reconciliation Commission of Canada, the recent Memorandum of Understanding between the Community Health Nurses of Canada (CHNC) and the Canadian Indigenous Nurses Association (CINA), and nursing's obligation to include Indigenous content and ways of knowing into our curriculum, this edition reflects our concerted effort to involve Indigenous consultants and contributors. These are historic moments in our time. As such, Chapter 22 will assist professors and students to better understand the position of First Nation, Inuit, and Métis peoples in Canada, their strengths and ways of knowing, as well as to appropriately contextualize health issues facing various Indigenous populations. As CHNs are keenly aware of the health impacts of social injustice and health inequity, each chapter specifically addresses key areas of advocacy for the CHN. Canadian Research boxes and Case Studies throughout the text have been thoroughly updated, with many focusing on health equity. We have added "Yes, But Why?" boxes to demonstrate how CHNs can address various social justice and health equity issues from an upstream and critical lens. Furthermore, we have identified which Community Health Nursing Standards of Practice our proposed

actionable interventions align with. We've paid particular attention to language, ensuring its use is both political and exacting. And lastly, in keeping with the critical focus of this new edition, we have ensured that our contributors represent the vast diversity inherent in the Canadian population.

As is appropriate to the pace of change in community health and community health nursing, we have made extensive updates to various chapters, with new content, statistics, and Canadian research. As such, you will observe that the titles of some chapters have been updated to reflect this new direction of content. We made further emphasis on the importance of application of theory to practice; we addressed the growing needs of our community clients. You will see that a number of chapters look completely different from previous versions. In addition, you will notice we have included five levels of prevention—primordial, primary, secondary, tertiary, and quaternary—as they related to various topics throughout the textbook.

ABOUT THE CONTRIBUTORS

This fifth edition brings new and former authors to the textbook. As before, some hold academic positions, some are in management or policy positions, and others are front-line practitioners. All came with a commitment to share their work with the readers as they contribute to this Canadian community health nursing text, and this further demonstrates the cyclical nature of theory and practice. Each brings expertise and knowledge to a particular chapter and topic. Each has presented the various historical, geographical, social, political, and theoretical perspectives that assist in explaining and describing community nursing practice. You will find a list of the contributors, their affiliations, and the chapters they authored following the preface. To provide context regarding the varied experience and expertise of our contributors, we have also provided a short biographical sketch of each contributor immediately following the chapter(s) they wrote.

CHAPTER ORGANIZATION

The chapters in *Community Health Nursing: A Canadian Perspective* are organized into five parts:

- Part I: The Context of Community Health Nursing in Canada
- Part II: Foundations and Tools for Community Health Nursing Practice
- Part III: Nursing Care of Selected Populations
- Part IV: Selected Community Health Issues
- Part V: Looking Ahead

Part I: The Context of Community Health Nursing in Canada introduces students to the general topic area. **Chapter 1: The History of Community Health Nursing in Canada** presents an historical perspective on Canadian community health nursing so students may be enlightened by lessons from the past. In this edition, a timeline is the organizing frame for

the chapter. **Chapter 2: Policy, Politics, and Power in Health Care** presents the administration of community health from legislative, cultural, and political perspectives. The impact of policy, politics, and power on health equity and community health nursing practice, and the need for strong community health nursing leadership, have been highlighted. **Chapter 3: Nursing Roles, Functions, and Practice Settings** introduces the readers to the professional practice model, standards of practice, and the Blueprint for Action or national framework and action plan for CHNs. **Chapter 4: Public Health Nursing** and **Chapter 5: Home Health Nursing in Canada** speak to these two specific practice contexts and have been updated accordingly. Part I ends with **Chapter 6: Advocacy, Ethical, and Legal Considerations**, the authors of which have used the Canadian Community Health Nursing Standards of Practice (found in Appendix A) to frame a discussion on legal and ethical issues for CHNs. The chapters in Part I form the foundation for community health nursing practice for the subsequent parts of the textbook.

Part II: Foundations and Tools for Community Health Nursing Practice builds the base upon which the sub-specialties rest. **Chapter 7: Theoretical Foundations of Community Health Nursing** outlines several current theories students can use to guide their community health nursing practice. **Chapter 8: Health Promotion** has been consolidated and re-worked and provides an introduction to health promotion and community health nursing work, including harm reduction and social marketing approaches. **Chapter 9: Race, Culture, and Health** examines the different meanings of culture, and ethnic and racial diversity, and highlights how CHNs can continue to deepen their understandings of societal power and privilege, and move forward with anti-racist, anti-oppressive practice. **Chapter 10: Evidence-Informed Decision Making in Community Health Nursing** discusses the importance of incorporating a system to appraise evidence and how to apply this to community health nursing practice. **Chapter 11: Epidemiology** describes the science of epidemiology and how it can inform community health nursing practice. **Chapter 12: Communicable Diseases** describes concepts related to communicable disease and includes the updated Public Health Agency of Canada Guidelines for Infection Prevention and Control. **Chapter 13: Community Nursing Process** provides an overview of the community health nursing process, including community assessment, selected community health practice models, population health promotion, community development, and community participatory tools. In **Chapter 14: Community Health Planning, Monitoring, and Evaluation**, the authors examine specifics around planning, monitoring, and evaluating community health programs, with additional information on the logic model and Gantt charts. This portion of the textbook concludes with **Chapter 15: Digital Health**. Here you will find a discussion of digital health information and how it contributes to community nursing practice. In this edition additional discussion of social media has been included, as well as the most recent digital health competencies. We believe the topics in Parts I and II are essential for an understanding of community health nursing.

Parts III and IV, composed of focus chapters, examine groups and issues that make the picture of community health nursing more complete. In **Part III**, the spotlight is on **Nursing Care of Selected Populations**, which we have deliberately focused on working toward health equity rather than challenges. **Chapter 16: Maternal, Newborn, and Child Health** examines population health promotion approaches with socioenvironmental perspectives on enhancing maternal, newborn, and child health. **Chapter 17: School Health** provides critical conceptualizations of children, childhood, and children's rights. Pressing health challenges and inequities encountered in the school-aged population are explored through a lens of the social determinants of health. In addition to comprehensive school health, a framework for Indigenous school health is presented. The need for an expanded health-promotion role for the public health nurse in schools is highlighted in keeping with a child-centred, rights-based approach. **Chapter 18: Family Health** provides an overview of the social and cultural context family health. **Chapter 19: Gender and Community Health** focuses on applying gender-based analysis to community health nursing practice. Societal causes of gender-based inequities are discussed. **Chapter 20: Lesbian, Gay, Bisexual, Transgender, Queer, and Two Spirit Clients** gives further explanation about the genetic and social influences on sexual orientation and gender identity development. **Chapter 21: Older Adult Health** highlights the role and competencies of CHNs in relation to key issues that affect the health of older persons. The broader social, cultural, and political contexts that shape the well-being of older persons, with an emphasis on equity in health and health care using a social justice lens, are emphasized. **Chapter 22: Indigenous Health** presents and contextualizes the historical and current influences on the health of First Nation, Inuit, and Métis populations in Canada. Indigenous ways of knowing and being, First Nation-specific health care, and cultural safety and humility are discussed. The chapter has been gifted with a traditional perspective from an Elder. **Chapter 23: Community Mental Health** now provides a trauma-informed discussion of emotional distress and invites the reader to apply this to mental health promotion in Canada. The chapter explores critical sociopolitical issues that impact the mental health and well-being of various populations. Specific emphasis is placed on marginalization and mental health while discussing various Indigenous, gender variant, LGBTQ2S, refugee and immigrant, and veteran populations.

Chapter 24: Rural and Remote Health explores the large portion of Canada's population who live in rural settings and the sub-specialty of rural and remote community health nursing. One of the highlights of this edition is the section of "a day in the life" of a rural nurse. **Chapter 25: Chronic Care, Long-Term Care, and Palliative Care** examines issues for those community clients who receive extended or end-of-life care in the community. **Chapter 26: Correctional Health** now reflects a rights-based analysis of people who are incarcerated while exploring the barriers to correctional nurses' full scope of practice within a controlled environment. Highlighted in this edition are working with youth, looking at alternative measures and restorative justice, prisoners' rights

movements, and trauma-informed nursing care in a correctional facility. **Chapter 27: Ecological Determinants of Health and Environmental Health Inequities** includes discussion of environmental inequities as well as the nurse's role in assessment and prevention.

In contrast, **Part IV** focuses on **Selected Community Health Issues** that may apply to a variety of populations. Each chapter concentrates on one of five specific issues. In this edition, **Chapter 28: Violence and Health** highlights the links between violence in societies and the social determinants of health and presents an innovative new model from which CHNs may practice. In **Chapter 29: Poverty, Homelessness, and Food Insecurity**, a wide-sweeping structural analysis is provided, ensuring that advocacy efforts focus on the real causes of these issues. Retitled **Chapter 30: Substance Use** looks at licit as well as illicit drug use in Canada. In this edition, information is presented about structural inequities related to substance use, and the debate around harm reduction is enhanced. **Chapter 31: Sexually Transmitted and Blood-Borne Infections** presents the variety of infections as well as how public policy in Canada has been developed around these illnesses. Social marketing as a prevention strategy is highlighted. **Chapter 32: Emergency Preparedness and Disaster Nursing** provides an overview of the role of CHNs in community emergency preparedness planning and disaster situations. Competencies for emergency preparedness for community health nursing are highlighted.

The final section, **Part V: Looking Ahead**, contains **Chapter 33: Global Health**. In this edition, new foci of globalization and global health alert the learner to the wider picture. The text concludes with a brief look at where the field of community health nursing is headed and the coming opportunities available to decrease inequities by using a critical approach to community health nursing in **Chapter 34: Critical Community Health Nursing: An Imperative**.

Through the text, you will notice some concepts and items are mentioned in several of the chapters, reflecting their thematic presence in critical community health nursing practice. Most obvious, many of the chapters include an intentional focus on social justice and health equity. You will note that each author presents how these topics apply to different situations, depending on the chapter topic. We anticipate that students, instructors and professors, and community health nurses in practice will see this not as redundancy but rather as an example of multiple perspectives and how and why a multiplicity of knowledge and practice exists in community health nursing.

A Note on Appendices

As in previous editions, we have included the recently revised Canadian Community Health Nursing Standards of Practice, as shown in Appendix A (revised March 2019). This document explicitly reflects the current practice standards for Canadian community health nurses. In several chapters, contributors have made reference to the standards to enhance the discussion.

Appendices B and C are the discipline-specific competencies. Appendix B is the Public Health Nursing Discipline Specific Competencies published by the Community Health Nurses of Canada (CHNC) in 2009. They were developed using several source documents and a Delphi process to arrive at consensus. Appendix C contains the Home Health Nursing Competencies. They were developed by the CHNC in partnership with the CHNC Certification, Standards and Competencies Committee and Advisory Group.

Chapter Features

A special effort has been made with this textbook to incorporate features that will facilitate learning and enhance an understanding of community health nursing in Canada.

- **Learning Outcomes** outline what will be learned within each chapter.
- **NEW! Yes, But Why?** boxes explore how CHNs can address various issues from an upstream and critical lens. Each box ends with a list of the CHNC standards that have been addressed.

YES, BUT WHY?

Health in All Policies (HiAP): A Tool for Population Health

What?

In Canada, broad sectors of public policy and legislation such as education policy; transportation, including highways and roads; environment; communication; natural resources; income security; and foreign trade are developed with little or no consideration for their population health implications. A policy with negative consequences for the health of the

- **Canadian Research** boxes present specific studies from the literature or the authors' knowledge to illustrate or augment the material covered in the chapter. Either the researchers themselves are nurses, or we have chosen Canadian health research that community health nurses can use in their practice. Each Research Box is followed by a few Discussion Questions to assist students in using the results.

CANADIAN RESEARCH 2.1

Workforce diversity as a critical enabler for IENs' integration and health equity work (Ramji & Etowa, 2018)

Immigrants are a substantial part of the labour markets in most Western countries. In 2012, about 7% of the 365 422 nurses in Canada had graduated from an international nursing program (CIHI, 2012). In Ontario, Canada's largest province, IENs made up over 12% of the nursing workforce that year (CIHI, 2012). The growing number of International Educated Nurses (IENs) in

- **Case Studies** illustrate a practice application of the information presented in the chapter, followed by Discussion Questions.

CASE STUDY

Alcohol is a widely used psychoactive substance in communities across Canada. Dependence on alcohol and its associated harms create public health and other societal problems. Vodina is an 18-year-old boy who lives with his mother in a two-bedroom public housing apartment in an Ottawa neighbourhood. His mother is unmarried and unemployed. They live on welfare assistance, which is barely adequate to cover food, rent, and transportation. They often visit the food bank to make ends meet. To supplement the family income, Vodina, who has not yet completed high school, has been doing odd jobs around their neighbourhood. However, his mother notices he does not

- **Key Terms** are boldfaced where they are introduced and defined in the body of the text. For convenience, the key terms are listed alphabetically at the end of each chapter.

KEY TERMS

accessible (p. 19)
 Canada Health Act (p. 19)
 comprehensive (p. 19)
 determinants of health (p. 20)
 health equity (p. 25)
 health inequity (p. 25)
 health promotion (p. 20)
 home care (p. 24)
 leadership (p. 28)
 medicare (p. 19)
 policy (p. 25)

- **Study Questions** test students' knowledge of the facts and concepts in the chapter. Answers to the study questions are included in the eText.

STUDY QUESTIONS

1. Identify the origins of medicare in Canada, and summarize the laws that created the present Canadian health care system. What is considered to be phase two of the implementation of medicare?
2. Discuss the events that led to and necessitated passage of the Canada Health Act.
3. What role did organized nursing play in the passage of the Canada Health Act?
4. Discuss the federal and provincial responsibilities for health according to the Canada Health Act.
5. Contrast the funding mechanisms for public health and

- **Individual and Group Critical-Thinking Exercises** challenge students to reflect on the content of the chapter and apply it in different situations.

INDIVIDUAL CRITICAL-THINKING EXERCISES

1. List your core values for health care in Canada. How do your values compare with the values reflected in the five key funding criteria described in the Canada Health Act?
2. How would your life be different if health care in this country was provided based on ability to pay rather than need?

- **References** cited in the chapter are presented in APA format.

ACKNOWLEDGMENTS

In the creation of a textbook such as this, there are so many people to thank. First, we need to thank Lynnette Leeseburg Stamler and Lucia Yiu for graciously passing this torch to us to keep alive as they transition into retirement. They have offered us much inspiration during the first four editions of the textbook, and we'll honour their vision and keep this legacy alive. Second, thanks to the students and colleagues for encouraging us to take the fifth edition to a new critical level. As this edition began to take shape, we were thankful for the many authors who once again agreed to contribute to the textbook or suggested others who had the expertise we required. Many of our authors took time from other projects to add their knowledge to the textbook, making this project a priority. We are humbled and privileged to be able to work with our colleagues in both academia and front-line practice who have shared their infinite wisdom, knowledge, and expertise with us all. We thank them for their tireless efforts in helping us to shape and bring to you a critical community health nursing lens to the fifth edition of this textbook.

We are grateful to the talented team at Pearson Canada. Cathleen Sullivan and Joanne Sutherland guided us through the whole process of development of this edition. We give our humble thanks to Suzanne Keptwo, our Indigenous consultant, who took the time to read the Indigenous content in every chapter and advised us regarding our use of language. Susan Johnson provided expertise, ideas, and support, which were invaluable in moving through production. The reviewers, who were nameless to us at the time, contributed significant time and effort in assisting us to make this text strong and representative of Canadian community health nursing. Their names are listed following this section.

Each of us had particular friends and family members who were supportive as we moved through the process of completing a major textbook. We are grateful to all of you. Finally, as teachers, we thank our students, who were guiding forces as we shaped the fifth edition of this textbook.

Many nurses across the country have contributed countless hours to portray community health nursing with passion and pride. We are very excited with this new edition. We hope teachers and learners will also be excited as they continue to learn, explore, and discuss community health nursing as a distinct specialty in Canadian nursing.

Drs. Aliyah Dosani, Josephine Etowa, and Cheryl van Daalen-Smith.

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This textbook is dedicated to my parents, Abdulrasul and Almas Mawji, who taught me nothing is impossible to achieve. To my husband, Naushad Dosani, who is always incredibly supportive. I hadn't realized until my nursing career that I had been thinking from a critical lens and advocating for social justice my entire life! Lastly, to our students, professors and instructors, and community health nurses across Canada—the energy and passion with which you learn and teach, and the exceptional work you do, ignites a flame in my soul that will never be extinguished!

—A.D.

This textbook is dedicated to my children: Ntami Enang (daughter) and Deval Enang (son), who have taught me so much about life in our community and the contexts of health care. To my brothers and friend, Christian Etowa, Egbe Etowa, and Francis Ukposidolo, for their unyielding support. And to all the students and community health nurses who continue to inspire me to engage in critical community health nursing.

—J.E.

What a whirlwind of humbling experiences this journey has provided! From the exhilarating experience of planning, shaping, and co-editing a critical text with two wise women, to meeting and standing beside numerous author teams as they took their respective chapters to a focus on power, upstream structural analyses, and community health nursing advocacy. The conversations have been a gift I'll be forever grateful for. We are indebted to Pearson Canada's editorial team and its commitment to ensuring our text begins to reflect our shared responsibility of reconciliation, permitting us the option to work toward its Indigenization. This textbook is dedicated to all the maverick CHNs across Canada who continue to speak up and act to reduce health inequities wherever their practice takes them.

—C.vDS.

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CHAPTER 1

LEARNING OUTCOMES

After studying this chapter, you should be able to:

1. Analyze how the historical practices of community health nursing laid the foundation for current advocacy, health equity, and social justice work.
2. Describe the influence of the interplay of community health nursing and nursing education on the evolution of their practice, education, and research.
3. Identify the socioecological context of the development of community health nursing in Canada.
4. Identify the contributions and leadership of community health nurses, including Indigenous and racialized nurses in advancing primary health care, health equity, and Indigenous health.
5. Envision future community health nursing responsibilities toward enabling health for all, inclusive of the Truth and Reconciliation report and the complex needs of today's population.



Source: Georgios Kollidas/Alamy Stock Photo

INTRODUCTION

Community health nursing has evolved within dynamic sociopolitical, cultural, and economic contexts in Canada over the past five centuries. As a practice discipline and profession, nursing history inspires reflection on the questions and issues that persist through time. Nurse historian Patricia D'Antonio (2006) describes how research into nursing's past sheds light on challenges and opportunities in nursing's achievement of its social mission. Community health nurses (CHNs) advocate for the provision of **primary health care** and provide sociopolitical leadership for the development of the health system and global health in their practice

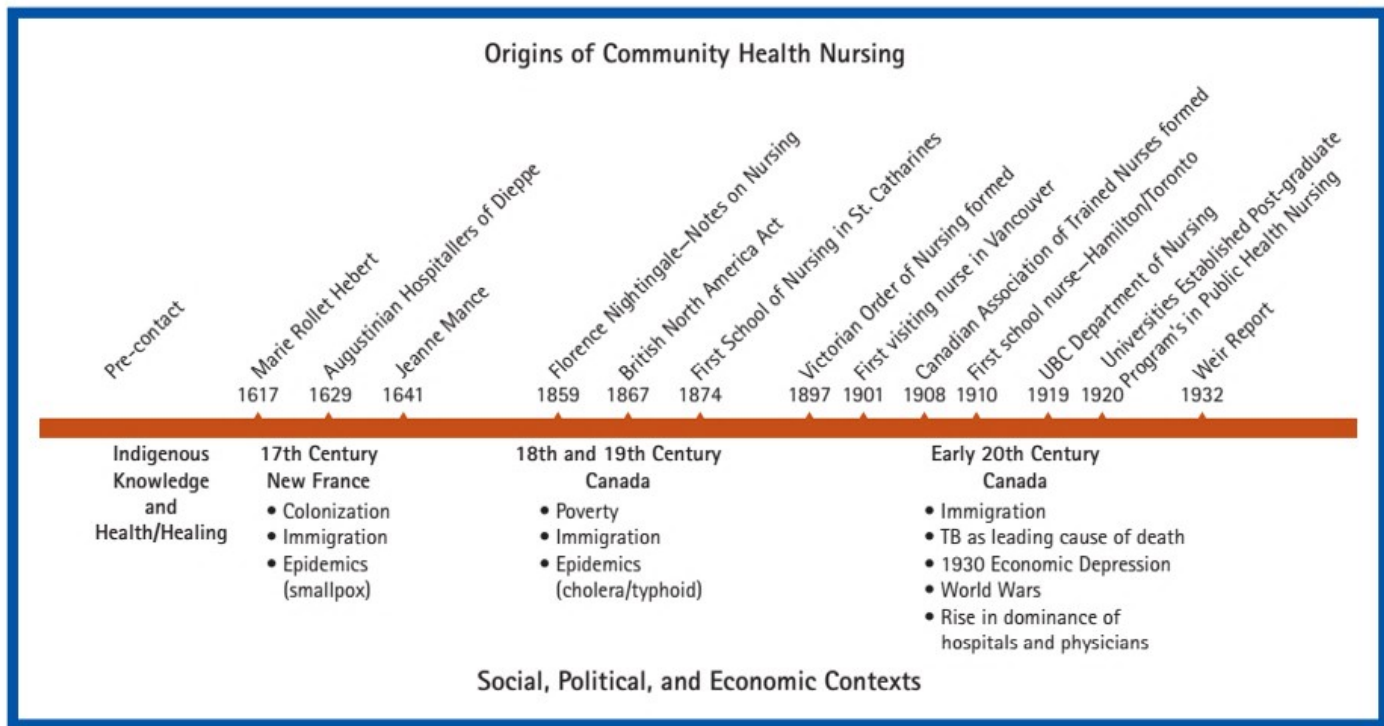


FIGURE 1.1 Origins of Community Health Nursing

(Armstrong-Reid, 2014; Falk-Rafael, 2005) yet community health nursing has been challenged to fulfill its mission of meeting the health needs of diverse communities over time.

The purpose of this chapter is to describe community health nursing practice in a historical context as a foundation for understanding subsequent chapters in this text. This chapter will examine the evolution and milestones of community health nursing in Canada (see Figure 1.1) and the challenges that confronted CHNs as they advanced their role in their profession. The chapter will also illustrate how CHNs develop relationships with individuals, families, and communities; provide leadership for health services; and promote the health of their clients. Their contributions to health, social justice, and public policy through political advocacy will be examined.

ORIGINS OF COMMUNITY HEALTH NURSING

The earliest forms of health care in Canada were the practices of First Peoples using traditional medicines and healing practices (Aboriginal Nurses Association of Canada, 2007; Bourque Bearskin, 2011). Later, Indigenous women provided essential health care, including curative midwifery services to European settlers in the western and northern regions of pre-Confederation Canada (Burnett, 2008). These practices have yet to be acknowledged within the history and modern practices of nursing and health care despite a growing awareness of their value (Bourque Bearskin, 2014). Epidemics of infectious diseases introduced by European settlers, wars, and the denigration of Indigenous culture and identity during the colonization of Canada by European immigrants led to social, health, and

economic disparities among Indigenous peoples that persist today. The history of the relationship between colonization and First Nation, Inuit and Métis peoples must be understood in the present-day context of Indigenous health. (See Chapter 22.) CHN practices were an integral part of this relationship and led to the evolution of health promotion and illness prevention.

Community health nursing is the earliest form of nursing practised in Canada and has a long and proud history of health promotion. Canadian nurse historian Margaret Allemang (2000) traces the introduction of community-oriented nursing to 17th-century New France and the Duchesse d'Aiguillon sisters, who established “essential health care and carried out work in homes, hospitals and communities” (p. 6). This early work of the sisters is emulated by the community health nursing practice of today with a focus on health inequities, the determinants of health, community outreach, and advocacy. The origins of community health nursing intersect with current trends in nursing, health care, and health equity.

Historians generally refer to the earliest forms of community health nursing as those practices in 17th century New France and the notable work and contributions of women and sisterhoods (Allemang, 2000). Gibbon and Mathewson (1947) chronicled the lasting and significant influence of the French in providing the earliest forms of organized community health nursing as practised by sisterhoods, including a small group of Augustinian Hospitallers of Dieppe, who worked to establish a hospital and provide care in villages and homes. Allemang (2000) further refers to “the Grey Nuns, established in 1738 by Marguerite d’Youville as Canada’s first community nursing order” (p. 6). Also significant were the contributions of a laywoman, Marie Rollet Hebert, who worked alongside her surgeon husband in the early 17th century. Early accounts of