

Ep.5-Community-Campaigns-and-School-Health.mp3

[music]

Rebecca Wickson [preview]:

Probably my favourite part of working with families, or the part that I just feel pulls on all my heartstrings, are when you can really validate feelings and reassure parents. I think that a lot of parents are in a constant state of “I’m doing this wrong, I don’t know what I’m doing.” I don’t think that I talk to too many parents that I don’t finish our conversation by saying, “You’re doing a really good job.” And the smile that comes on their face, because they don’t get told that very often. And the truth is that they *are* doing a good job; like it’s genuine, but parents don’t get told that. So to be able to have that opportunity to be part of parents’ lives and to be just relieving some of their stress and answering some of their questions is very rewarding.

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Susan Blue:

Hi, I’m Susan Blue.

Maureen Cava:

And I’m Maureen Cava.

Susan Blue:

And this is *Stories From The Field: Public Health Nursing in Ontario*. On today’s episode, we’re meeting with two mid-career public health nurses: Rebecca Wickson and Julie Marquardt.

Rebecca Wickson:

My name is Rebecca Wickson. I’m a public health nurse at KFL&A public health in Kingston.

Maureen Cava:

Rebecca will tell us about her role in developing a large-scale health promotion campaign to support positive parenting. The Listen, Respond, and Connect To Your Child campaign was geared to reach the entire community—grandparents, teachers, and anyone who interacts with children. Rebecca will share an example of how public health nurses can influence the whole population.

Julie Marquardt:

My name is Julie Marquardt. I’m a public health nurse with the Durham Region Health Department.

Susan Blue:

Julie will be highlighting her role as a school health nurse. She’ll talk about how she engaged with school staff, student leaders, and the parent council to address increased

vaping at a local high school. Julie will discuss the comprehensive school health approach, where she partners with the school community to support school-aged children and youth in developing the skills they need to be physically and emotionally healthy.

Maureen Cava:

But first, we'd like to acknowledge and thank both the Lawrence S. Bloomberg Faculty of Nursing and the University of Toronto. Funding from the Verna Huffman Splane Endowment Fund enabled us to produce the podcast series. A public health nurse who lived to be 100, Verna's legacy donation supports education that promotes public health nursing.

Susan Blue:

Maureen, what *is* a population-health promotion campaign?

Maureen Cava:

This kind of campaign is really a social marketing approach. The public health nurses target things like social media. They do posters. They do educational sessions. And many of the activities target the entire population. Some campaigns that you might be familiar with in Ontario include smoking cessation, bike helmet safety, and breastfeeding.

Susan Blue:

An example from my public health nursing practice was a pre-conception health promotion campaign entitled, "What's Your Plan?" We know that 50 per cent of pregnancies are unplanned. So the campaign had a subtext: "If you don't have a plan to prevent pregnancy, you have a plan to get pregnant." The campaign included development and distribution of a video that went out to hospitals and primary healthcare providers in their offices, social media posts, a blog. Key messages included the importance of folic acid supplementation, and smoking and alcohol cessation.

Maureen Cava:

For Rebecca, the "Listen, Respond, and Connect To Your Child" campaign was specifically focused on parents and supporting effective parenting. Rebecca was in the lead role, working alongside many, many players in developing this large-scale campaign. We're really excited to hear about how it all came together, and what she learned along the way.

So, can you tell us a bit about the goal of that program, before we get into some more specifics?

Rebecca Wickson:

Yeah. So, this was a campaign that we ran in 2017. And it was through the Reproductive and Child Health Team, which is a population-based approach. And some research that we had done previously had led up to us realizing that parents in the KFL&A area were really looking at their family and their friends for sources of

information when it came to parenting. That's what they told us. This campaign actually targeted the whole population—not just parents. We wanted grandparents, we wanted teachers, we wanted anyone who interacts with families to be giving the same messages, and this joint approach to supporting families in our community.

Maureen Cava:

Describe to us where you started, who you collaborated with, and how it evolved to become this large-scale health-promotion program.

Rebecca Wickson:

There were quite a few steps that led up to the actual campaign. So years ago, in about 2014, I want to say, we did an environmental scan. And we were looking at the community to understand who the players were, what was out there to support parents, and where the gaps were. So if there were particular groups of parents that were not able to access service, if there was barriers to them accessing service. And then to understand sort of what was driving the messages that those agencies and those supports were giving. That was 2014, and we sort of got a landscape of what was going on and who the partners were.

The next stage, in 2016, we realized, "Okay, well, we know what's out there, but now we have to talk to parents and see if it's meeting their needs," to really understand what the gaps were. After we did the environmental scan, we realized that we really needed to go and ask parents what their experience in our community was. So we needed to know if their needs were being met, and where they wanted to get information and support about parenting. So in 2016 we did a big parent survey. And we surveyed about 500 parents in our region. And we asked them just that: "Where are you getting your information? What's working? What's not working? And do you feel supported?"

And so these were the steps that sort of led us to decide that a campaign was the right next step.

Maureen Cava:

Tell us who you collaborated with. You know, you mentioned that you worked with your partners, but can you name some of them?

Rebecca Wickson:

We are very lucky to have a really active group in our community called the "Children and Youth Services Planning Committee." And we have representation on that group from pretty much any agency that works with families—right from pre-conception all the way to teenagers. We worked with that agency. And we had representation from a few interested agencies from that, and they came and they worked with us, and we created a steering committee. So we had meetings. You know, we started off with quite a few meetings, and then, as time went on, they were spaced out a little bit more. But this group became sort of the parenting action group.

Maureen Cava:

We asked Rebecca to tell us about the components of the campaign, and the process of putting it all together, including feedback from various interest groups and community partners.

Rebecca Wickson:

Internally, we had a parenting framework that we had developed. And we shared that. So we did a bit of education, because all these groups were coming from different backgrounds when it came to sort of their knowledge about what the research said we should be telling parents. So we wanted to develop those messages ourselves.

So we ended up developing four messages, as a group. So in the middle, the most important part of parenting is nurturing relationships. And then we have three sort of sub-components. So one is “child and youth emotions;” another component is allowing children to play, so we call that the “safe and stimulating environments;” and then, finally, a really big piece of parenting is taking care of yourself, so “parent wellbeing” is what we call that.

So our group decided that we wanted to have one message for each of those components. And from that, we did quite a bit. We had brochures. We had Facebook and Twitter posts—so social media posts. We created posters. And then what we decided to do for the social media, which we knew was going to be a really big piece of this—because we had researched our audience, so we do know that parents do use social media quite a bit—so what we were able to do was actually have local parents sharing their tips, which related to our four messages, in a little selfie-style video. They were about 30 seconds long. And then we turned those into social media videos.

So it was kind of neat, because you’re getting information from other parents that you know are endorsed by all these agencies but also that might be your friend.

Maureen Cava:

Can you comment a bit, Rebecca, on, you know, the value of health-promotion campaigns, generally, and perhaps comment on some other ones that Kingston has used, or endorsed, or developed to try and, you know, target populations? Because it is, ah, a role that public health nurses take a big role in developing these programs, right? So can you comment on that a bit?

Rebecca Wickson:

Yeah. It is very interesting. It is a big part of our role. And the hard part about it is we’re big on evaluation. Right? And it is hard to evaluate a campaign, on its own, in terms of how it affects behavioural change. Right? It’s hard to say, “Well, this many people changed their parenting practices because of this campaign.” So sometimes, you know, the way that I think of it is creating new norms. Right? So if we can get these messages out there, and this approach to parenting out there, it’s almost creating sort of a—like a meta. Like everybody sort of thinks the same thing about parenting; you’re changing the norm.

We did one a couple years ago to normalize breastfeeding in public. They actually went all over the community and had real moms, in all of our different communities in KFL&A, breastfeeding in public places. So we had moms breastfeeding on a bench in Sydenham. And we had some moms in Bon Echo Park breastfeeding in front of sort of a notable area there, to make it quite relatable. So that's another example of changing a norm.

Maureen Cava:

If you can think back to when you were not doing COVID, and when you were working on this program, what would a typical day look like for you when you were developing this program?

Rebecca Wickson:

Oh, the before-time before COVID (laughs). I loved my old job. It's not for everyone, because it's very self-directed. And it might be different in different teams or with different managers, I suppose. But the manager that I was working under at the time really trusted her nurses to plan their day and to plan their projects. How it worked was each had a topic. So I was the topic lead of a couple things but parenting was one of them. And so it was really up to me to look at the evidence, and to look at the literature, and to look at the Ontario Public Health standards, and figure out where the gaps in our community were and what I had to do to implement positive parenting in that context.

So that could be daunting. And certainly, when I first started out, I mean, I would be lying if I told you that I didn't drive home crying a couple days, just thinking, "I don't know what I'm doing, I don't know where to start." And then my mantras—I started, you know, a couple years in and started to pick up steam—I realized, "Okay, all you have to do is figure out the next piece." Because if you look at that bigger picture, sometimes I just found it's so overwhelming. But if you can just look at the next task in front of you, it often leads to the next task, which leads to the next task. And then by the end of it, you have a really good picture and you start feeling really comfortable in your topic area.

Your original question was, "What would your day look like?" We're 8:30 'til 4:30, wearing office wear, in an office. We have little cubicles. And it was very self-directed. So I did do a mix of services to parents. So a couple times a week, or a couple times a month, I would teach prenatal class or I would be out in the community at a baby drop-in answering questions for parents. For a while I was doing breastfeeding visits with families, helping them breastfeed. So there's a little bit of that happening, but a lot of it is meetings with colleagues to plan these things, meetings with partners. A lot of report writing, which at first I wasn't necessarily comfortable with, but you build these skills. And I took lots of courses through Public Health Ontario to refine those skills. And it's a lot of collaboration with co-workers. So every day was different, which I loved. I had a lot of control over my time and my work, which I loved. But it's not a good fit for everyone.

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Maureen Cava:

Rebecca is right when she says that public health nursing isn't for every nurse. She offers some insight into what type of nurse might enjoy this work.

Rebecca Wickson:

I guess, someone that is comfortable with every day being a little bit different, with lots of self-directed work. You have to have a certain amount of confidence, I think. Like certainly there *is* training but there's not a lot of repetition. So you have to be comfortable with plotting your way and coming up with a plan and a process for every new challenge. So it might be the same process that you use for this project as you used for the last project, however, you might have to apply it in a different way. You might have to work with completely new people. The target audience might be completely different. The literature that you're using might be completely different. So it's using the same strategies but in different situations. So I think that the person has to just be quite flexible (laughs a little) and like novelty, like new things every day.

I think another big difference is a lot of nursing—or a lot of people get into nursing because they want to be at the bedside. They want to be with the person, maybe some hands-on skills, whereas, public health nursing, I think, is a lot of health teaching, it's a lot of behind-the-scenes. So if someone is looking for that face-to-face all the time, you're not necessarily going to get that. And there's certainly less hands-on skills—depending on where you are.

Maureen Cava:

What does keep your passion to keep going, and to keep wanting to stay in public health nursing?

Rebecca Wickson:

The part that I really do enjoy is when you are at a play group. Like that keeps me quite grounded when I get to go to a play group and get to answer questions. And I think, probably like a little personal part of why I'm interested in moms and babies, also is that my parents divorced and then re-married and actually had babies when I was a teenager. So I grew up around pregnant women and babies, and I always really loved that. So it kind of makes sense of why I—I ended up in this field.

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Susan Blue:

We'll now shift our conversation to Julie's work with the school community, and her role as a school public health nurse.

After thoroughly enjoying a nursing student placement with Durham Region in her fourth year of university, upon graduating, Julie landed her first job with Durham Region Public Health.

Julie Marquardt [preview]:

I was lucky enough that there was some positions when I finished school. And I applied. And then I got to start my dream job right away (laughs). Durham is my home, too; that's where I went to elementary school and high school. So it was really nice to be able to work in the community that gave so much to me, growing up, and then be able to work in that community now. So that was a really special opportunity.

Maureen Cava:

After a three-year assignment working in the school immunization program, Julie moved into the school health program, where she has worked for the past five years. Schools are perfect settings for health promotion, especially as health behaviours in children and adolescents are being learned. Focusing on areas like healthy eating, being physically active, as well as targeting risk behaviour such as alcohol and substance use are really important in working with this population. And Julie shared with us her role as a school public health nurse prior to COVID.

Julie Marquardt:

We were each assigned communities. And the importance of that was that Durham is very diverse—in the north is very different than Oshawa, and the east, and Ajax, and Pickering. So it was kind of important to get to know your community, because there's different health challenges in each of them, there's different priorities, different cultures. So, my community is actually south Oshawa mainly and then some other parts of Oshawa as well.

On a regular basis, I usually with about five schools. When you first started going to the schools, they thought, "What are you going to be doing here, setting up to take people's temperatures and things like that?" And we're like, "No, no, no. That's—that's—(laughs) that's not a role." But some people still have that view, which is interesting. But our role, it can really vary. And a lot of it is about meeting the school community where they are at, assessing what their needs are. So some schools know what their needs are, and we can help them further assess that.

And then sometimes the schools don't know where to start in that assessment piece. So sometimes it's building on strengths already in the school, because a lot of schools have different unique strengths and parts of their community that are really special. Or sometimes there's some areas that need some improvement. So the first piece is kind of that assessment with schools, meeting them where they're at. And every school community is completely different. So each school I worked with, we were doing something very different.

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Susan Blue:

To assist public health nurses in their role, the Ministry of Health developed the School Health Guidelines, where public health nurses collaborate with schools, school boards, teachers, parents, and students. The work focuses on emotional, cognitive, social, and

physical aspects of student health. Some topics include: healthy sexuality, mental health promotion, violence, and bullying.

Julie Marquardt:

We're guided by the Ontario Public Health standards. One of the standards is School Health. Under that standard there's a variety of different health topics that we can work with a school on. So it can be mental health, healthy eating, physical activity, concussions, injury prevention, substance misuse, or a combination of a variety of them.

And then what else guides our practice, as you mentioned, was Comprehensive School Health or the pillars of a healthy school, or Foundations of a Healthy School. And basically, these are five pillars that we follow that are really guiding our practice in schools, to make sure that we're not just doing a one-off thing. If a school says, "You know, we really need help with physical activity. Can you come and do a presentation?" we know from evidence that that is not an effective way to address the health challenge. But really we need to look at it in a multi-faceted approach.

So that's what those five pillars help us do. They're looking at curriculum, and teaching, classroom leadership, student engagement, the physical and social environment, and community partnership—so partnering with other community partners. Maybe sometimes it's parents, school community councils. And we know from evidence, when we work on a school with all those different areas, it comes together in a way that actually can help affect change. And we know that education and health are so closely related and dependent on each other. It's a benefit for both the health of children and teens in the community, and then also for their education as well.

[music]

Susan Blue:

So can you describe or tell us a bit about some of the activities and initiatives that you've engaged in with some of your schools?

Julie Marquardt:

So I know I had a high school principal reach out to me because they were having challenges with students vaping on school property. They asked can I come in and do a presentation to the students on this topic. So we get a lot of requests like that—can we come in and do a presentation, or can we share resources—which is great, and we often do that. But we also look at, okay, how can we assess this further, how can we engage the school community—whether it be students, staff, parents, the school boards—and make it more comprehensive so that we can see long-term change, not just a one-off activity.

So with that school, they had a special class program that it was a health leadership program. So they connected me with that class. And instead of myself doing a presentation, I worked with that class and that class actually did the presentations to their peers. So that was an example of one of those pillars of kind of student

engagement, and then also that classroom leadership as well, and it also tied into their curriculum. So you can kind of see how they all overlap.

We also went to the parent community council—the school community council and spoke to parents. Because a lot of parents didn't know that their children were vaping or what these products looked like. We actually brought products and showed them what this looks like, and what's going on, and what are the harms and some of the industry tactics right now that are out there that really make youth vulnerable—you know, why these products look so enticing. So that was one part of it.

And then we connected with our Tobacco Enforcement Officers. So they helped us put up signs in the school for “No Vaping / No Smoking.” And they actually do some enforcement. So if they catch, or if it's reported that, a student is vaping on property, they will come in and either issue warnings or fines.

Oh, they did a contest as well. So this was another part of kind of student engagement. So they did a—an instagram contest on, you know, little vaping commercials, or why you shouldn't vape, and different things like that. So that was really creative as well.

Susan Blue:

I think one of the things that I've really, ah, been enlightened about, as you talk, is the school community is a variety of people: one are the students, the teachers, and the staff, the principal, and also the parents. And one of the things I've been hearing, as you mentioned, is that the parents are a big part of it as well, particularly your connection with parent councils.

Julie Marquardt:

I completely agree with that. Is when we talk about schools, we're—yeah, we're not just talking about the students. And I know, even in the Ontario Public Health standard, even though we're talking about children and youth, the parents, the community, the teachers, and staff, and even the environment around, those all affect those children's health and learning. So that's why we need to take a whole-community approach. And again that's why we stay working in our community, so we know our communities. Because the more we work in them, the more we kind of can see kind of what's going on, what are strengths, what are some challenges, and we can help our clients. Because if we just go in and say, “Oh, we need to promote healthy eating. Everyone in this community, we can see from the data, is only eating two or three fruits and vegetables a day. We need to eat more.” but we don't know that there's only one grocery store and it's non-walkable distance, then is that really a good strategy and what can we do there.

So I think another big part—and I haven't mentioned this—about being a school nurse is being kind of a facilitator and contact to the wider community outside of that school community. So it might actually be working with the city or some other council, or group, or organization and maybe being that connection piece, and maybe advocating for that school community.

So there are a variety of different roles and—and different partners we work with. And I think the big thing is we—we wear many different hats. So I actually find it's a challenging question when people say, you know, "What is your role? What is it you *do*?" because I'm—I'm so passionate about it, I love it, I love working with the communities, but I sometimes (laughing) can't describe what it is I do. Which is kind of funny.

[music]

Susan Blue:

And when you think about your work pre-COVID, could you describe for us what a typical day in your work life would look like?

Julie Marquardt:

I usually started my day, actually, in the office. I would often get emails from schools possibly looking for some resources to help with curriculum support; they're teaching a certain strand of the curriculum that addresses healthy eating, and they want something to really highlight a certain unit. So we might be able to help direct them to resources and then make appointments for followup to see where else can we go with that. So I might start with something like that.

And then usually I would head out to some schools. It was often that I would meet with schools around either their nutrition breaks, lunch breaks, recesses. Because a lot of schools had, we call them in Durham Health, action teams. So we would go sometimes meet with those schools and meet with that group; and it was usually a group of students who were kind of taking on those initiatives and helping share it with the rest of their schools. So I would usually every day, like I might go to maybe one or two of my schools, sometimes more.

And then in the afternoon, sometimes I would come back and we would have planning meetings. So we also worked on resource development. We sometimes partnered with school boards to be working on different initiatives.

And then usually near the end of the day was another busy time with schools. So at the end of the day, you might be going out if the school is having an event. Sometimes they have parent-engagement events. Or sometimes there is a parent council meeting. We really know our—our communities. We know what their priorities are, maybe some of the challenges they're facing with accessibility or different topics and why. Because if we just go to a school with a topic and say, "Great. Work on this." that might not work if there's barriers to that that we have no—no idea about. Right? So if it's we want children to—they're not getting active and we want them to, you know, be walking and biking to school, but we don't know that there's some barrier in the community for why that's not safe, it doesn't make much sense for us to go in and suggest that. So sometimes when we're sitting in those meetings, we can hear what those different

things are; and it's a good form of assessment and really getting to know your school community.

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Susan Blue:

Julie, tell us about what keeps your passion for your work as a PHN.

Julie Marquardt:

I think that big piece of that connection piece with others. So connecting with others and helping them—whether it be an individual, a school, a full community—but helping them achieve their potential, or reach that goal, or work towards something that they could already do, but just the fact that you can help facilitate them get there, and sometimes being able to advocate to knock down that one barrier that's getting in the way of someone being really successful—whether it be in their health, in their education, whatever it be.

And I think not everyone has the ability to have that voice or know where to start. And being able to work with people to help them get there, it, you know, is so special to see them realize their *own* potential or help themselves. And having them be self-sufficient on their *own*, and really leading their own health and their own life—even though you feel sad that sometimes a school is running so much on their own, they don't need you as much as they did before, because they know *how* to access this, they know *how* to advocate for themselves—it actually makes you feel really happy that they've been able to achieve that. And I think that's a really special thing as a public health nurse you're able to do.

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Susan Blue:

Maureen, in listening to Julie and Rebecca, it's interesting to note that, while they work in two different public health programs, they actually apply similar skills in their work.

Maureen Cava:

Absolutely. Skills like communicating, advocating, and innovating were highlighted for me. I'd say *most* public health nurses use the combination of all of these plus many, many more.

Susan Blue:

And another highlight was how community engagement is an integral and extensive component of the public health nursing role. There are so many different players that public health nurses reach out to: organizations, parents, teachers, students, as well as the population-at-large.

These have been two great examples of the difference public health nurses are making in their communities.

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Susan Blue:

Thank you for listening to *Stories From The Field*, hosted by me, Susan Blue...

Maureen Cava:

... and me, Maureen Cava.

We are so grateful to the Ontario Public Health Nursing Leaders Association, and the Chief Nursing Officers, for their support in identifying public health nurses willing to share their stories.

Susan Blue:

This series is produced by Katie Jensen and Sabrina Brathwaite of Vocal Fry Studios.

Maureen Cava:

If you enjoyed this episode, we'd love if you shared it with a friend, and subscribe wherever you listen to your podcasts, because we have more stories on the way.

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