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Public Health Neighbourhood Nursing: A Mobile Equity Model

November 25, 2025

Presenters: Amber White, Alana Bowering, Kristen Jones



Region of Waterloo

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Land *Acknowledgement*





AGENDA

- ▶ Background
 - Relational Ethics Framework
- ▶ Neighbourhood Nursing Pilot
 - Pilot project Key Findings
- ▶ Components of a successful equity intervention model
- ▶ Implementation Considerations

PHO Rounds

LEARNING OBJECTIVES

01

Describe the core principles of the Relational Ethics Framework

02

Identify the project's key goals, outcomes and recommendations for Public Health Practice

03

Discuss how mobile community engagement can be used to improve health equity in public health

04

Reflect on partner collaboration opportunities approaches that increased trust, remove barriers, improve health equity and improve SDOH



Background



In Canada, there is long-standing evidence of health disparities among racialized groups¹



During the COVID-19 pandemic, racialized communities were disproportionately affected, further exposing and deepening the health inequities they were already facing²

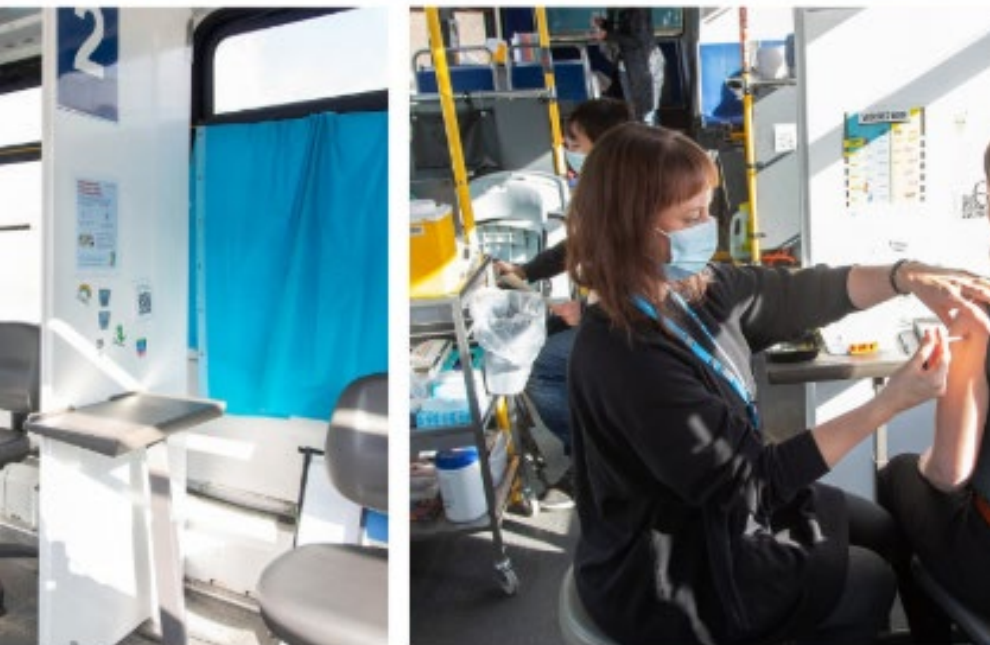


Need to improve health equity and to do so by considering systemic factors, social determinants of health and by connecting with racialized communities³

“Health equity is achieved when all Ontarians can reach their full health potential and are not disadvantaged from attaining it because of race, ethnicity, religion, gender, age, socioeconomic status or other socially determined circumstances⁴”

ic Health Neighbourhood Bus

ccess to vaccines, close to home.



Region of Waterloo Public Health increasing on vaccine accessibility, equity

By Germain Ma
Posted Dec 16, 2022 12:30:00 PM.

As a triple threat of COVID-19, RSV, and the flu rages on, Region of Waterloo Public Health is trying to ensure residents don't have trouble getting vaccines.

At Wednesday's Board of Health Meeting, Jessie Johal, the acting director of COVID-19 response, said that the health put more emphasis on connecting with marginalized and equity-seeking groups this week.

As well as, any priority populations that are having, or verbalized issues with access. That includes communities, as well as Indigenous groups, as well as racialized, and other communities," she said.

I added these efforts will continue with stronger focus next month.



Removing barriers to vaccines for Waterloo Region's refugees

Feb 1, 2022

regionwaterloo

BACKGROUND

Kitchener-Waterloo

How and where to get your COVID-19 vaccine in Waterloo region, Wellington and Guelph area

Health Canada approved the Pfizer vaccine for use on adolescents on May 5

CBC News · Posted: Mar 15, 2021 1:21 PM EDT | Last Updated: May 11, 2021

 **Listen to this article** ⓘ
Estimated 6 minutes



COVID-19 pandemic has 'highlighted disparities'

Safia Ahmed, executive director of the Rexdale Community Health Centre west of Toronto, says she sees a clear health disparity in the communities her organization serves.

"What COVID-19 has done is that it's highlighted those disparities," she said.

Ahmed says her organization provides health promotion services to residents in the community of Rexdale and addresses social determinants of health that may prevent them from accessing care.

Many of their clients are either new immigrants or Black Canadians and have either lost their jobs due to COVID-19 or are working on the front lines, she says.

"People in these communities are experiencing food security issues, unemployment issues, and some are struggling to pay rent," she said. "There are all these other social factors impacting one's health ... not having access to medication, your outcome when you contract disease is worse."

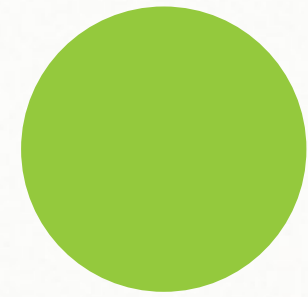


GRT Grand River Transit
@GRT_ROW · Follow

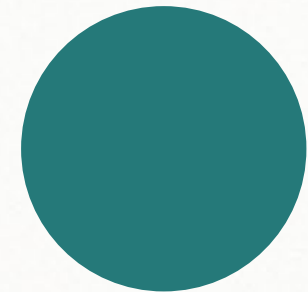
The first vaccine bus has hit the road! We're incredibly proud of all the work that's gone into getting the bus ready to roll. The second bus is now being prepped now! The vaccine buses will help bring vaccine services to priority neighbourhoods.



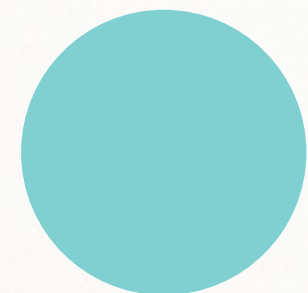
What is Relational Ethics⁵?



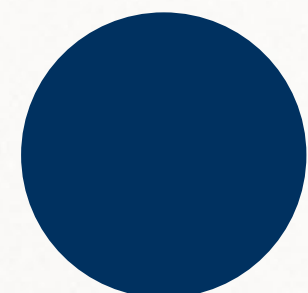
Considers human connection and care



Emphasizes the interconnectedness of people, their environment, and their knowledge



Emphasizes mutual respect, trust, and responsibility



Focuses on how ethical understanding emerges within relationships —through lived experiences, mutual care, and responsiveness



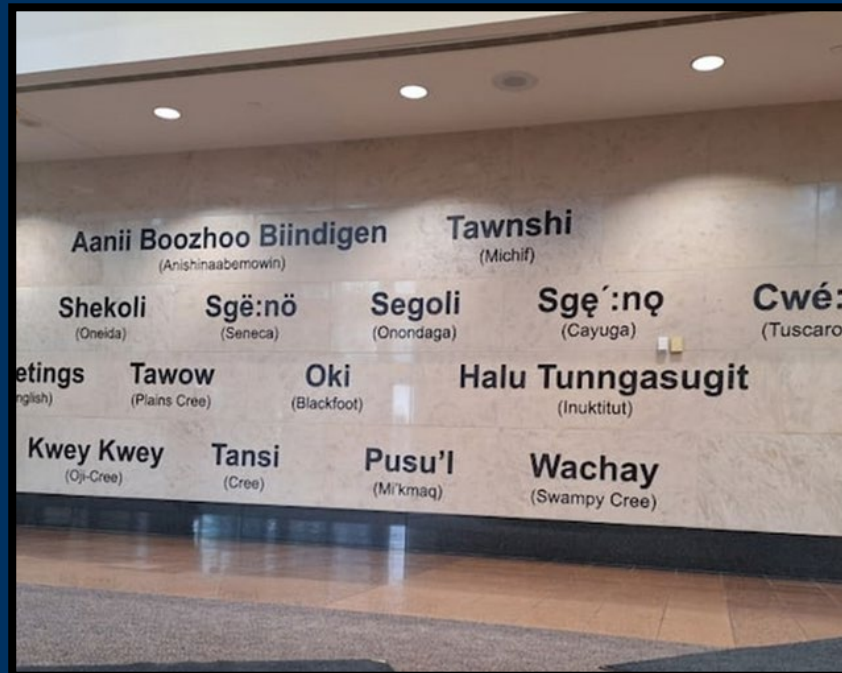
5 CORE PRINCIPLES OF RELATIONAL ETHICS

1. Engagement

To establish an engaged relationship with others. Foster ongoing, participatory, and reciprocal relationships.

2. Mutual Respect

Respect for oneself and reciprocal respect for others⁶. Treat communities as equal ethical partners. Recognize dignity across difference.



PRINCIPLES OF RELATIONAL ETHICS

3. Embodied Knowledge

Getting to know client and partner needs, preferences, and values. Focus lived experiences and community wisdom alongside biomedical data.



PRINCIPLES OF RELATIONAL ETHICS

4. Environment

Relationship between the person and the context of social environment (taking into account needs, values, family, community and history) address social and ecological determinants of health.

5. Uncertainty

Embraces ethical complexity and navigate it with openness and trust.





PRINCIPLES OF RELATIONAL ETHICS

- Balancing population -level policies with individual needs.
- Advocating for structural changes while maintaining compassion in individual interactions.
- Care is inclusive, equitable and grounded in human connection.

MOBILE MODELS

- ▶ Strong community support
- ▶ Builds trust with marginalized and groups public health has a hard time reaching
- ▶ Improves health outcomes through local partnerships and is cost-effective
- ▶ Delivers culturally grounded care that meets people where they are

“*By uprooting the traditional practice methods of medical services, new approaches to genuine community engagement become more feasible*

”





Neighbourhood Nursing Team

- Relational Ethics Framework
- Local context and experience
- Mobile model



NEIGHBOURHOOD APPROACH

Program Pillars

To build trust
in Public
Health

To reduce or
remove
barriers that
normally exist
in accessing
Public Health
services

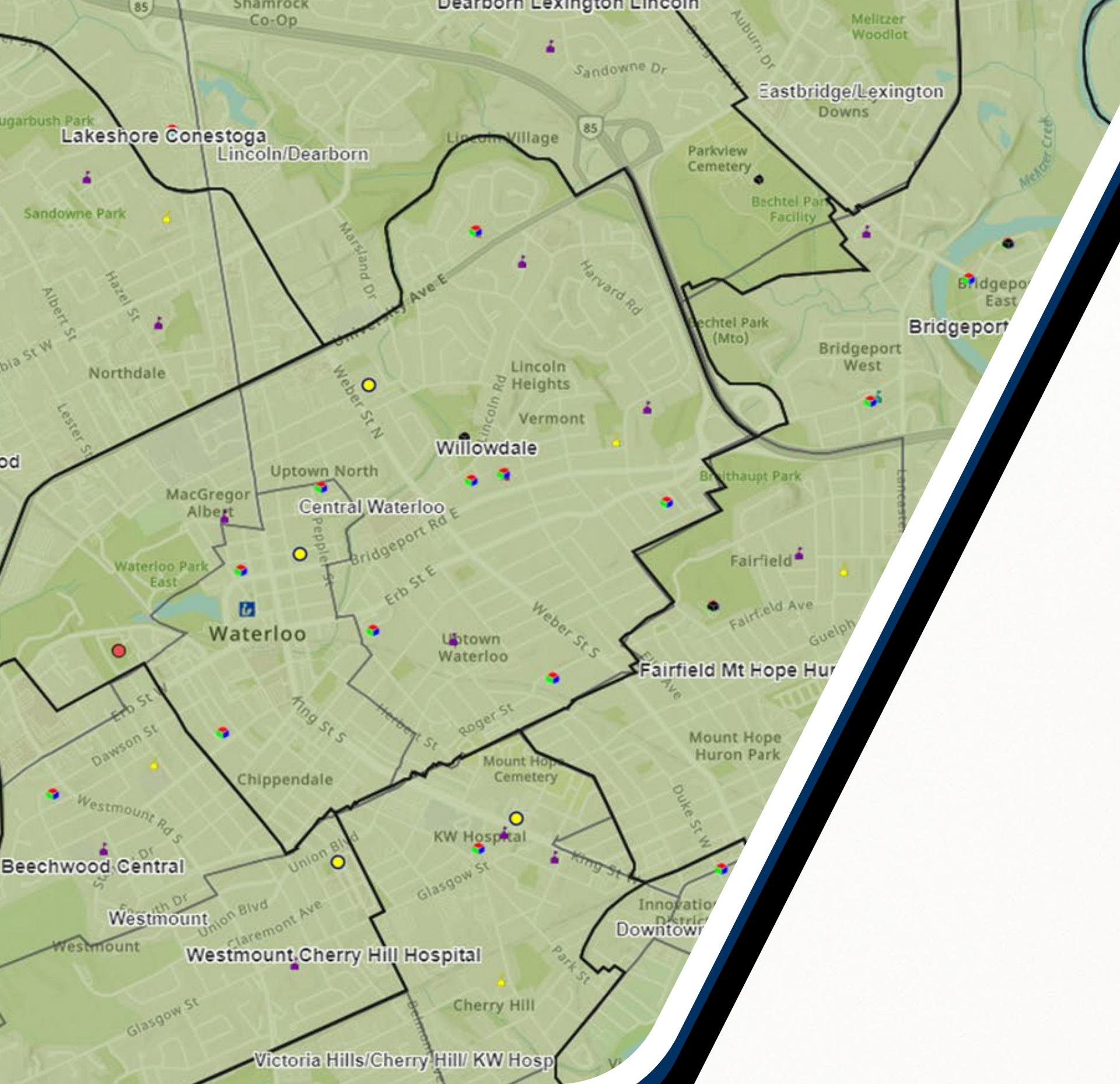
To enhance
quality of life
of equity-
deserving
groups and
uphold SDOH
principles

Cross
departmental
initiative

Full scope of
Public Health
services

Mobile in
Community

Focus on
equity &
partnerships



IMPLEMENTATION

- ▶ Areas were selected based on a review of local data
- ▶ Communities selected based on a combination of factors:
 - Census and local epidemiological data
 - SDOH indicators
 - Community partners in the area
 - Vaccine rates
 - Special community needs

IMPLEMENTATION ACTIVITIES



Mobile

Fully mobile modality
joining into existing
programming and at
community events



Build Trust

Foster authentic
relationships where
community members feel
safe asking for support



Partner Sites

Presence at community sites
and visiting community
spaces to become part of the
community



Talk to a Neighbourhood Nurse!

Do you have questions about your health?
Are you looking for support?

ALL Services are FREE
No Health Card Needed

The nurse can help with:

- Vaccines
- Pregnancy
- Infant feeding
- Child care and development
- Connection to dental care
- Sexual Health
- Harm reduction supplies
- Connection to other community supports
- General health questions
- Navigating healthcare

Contact us at:

phnnt@regionofwaterloo.ca

519-575-4400 ext. 5897

519-575-4400
TTY: 519-575-4608



NNT Services



EVALUATION



Session Visit

To collect information on program areas, service delivery, referrals, session topics and attendance



Staff Focus Group

To collect experience of delivering the program



Client Survey

To assess our client experience and feedback the pilot program



Partner Survey

To assess our partners experience and feedback on the pilot program

IMPACT OF THE PROGRAM

2,700

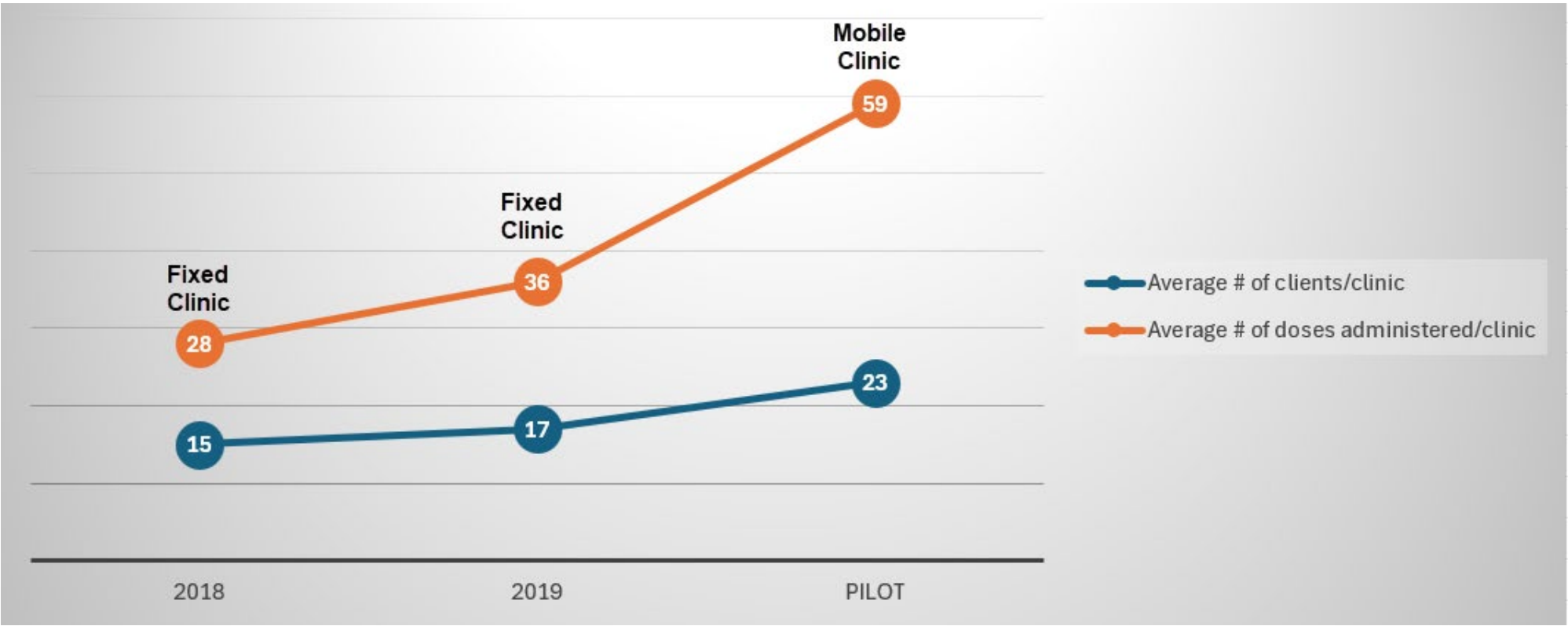
TOTAL NUMBER OF INDIVIDUAL CLIENTS SERVED

+250

SESSIONS DELIVERED IN COMMUNITY SETTINGS

↑+50

NEW COMMUNITY PARTNER CONNECTIONS



REFUGEE VACCINE SUPPORTS INCREASED





In the words of our Partners....

"I can identify numerous ways to involve them [nurses] in the communities I serve, thanks to their cultural sensitivity and the perception that they are part of the community"

"... all the nurses who came by worked so well with the neighbours and were able to provide personalized care in a safe space that the neighbours already know and are comfortable with."

"The program is invaluable in helping the most vulnerable in the community"

"Setting up directly in temporary accommodation has given a means for clients to ask sensitive questions directly to health professionals with interpretation"

COMMUNITY ENGAGEMENT STRATEGIES

- Connecting with staff at partner locations
- Connecting with nontraditional community leaders
- Regularly attending partner programs
- Logo and branding
- Attending community events



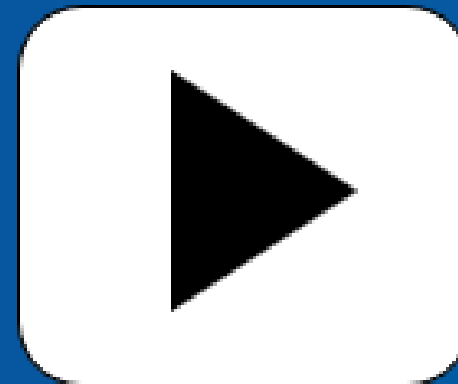


STRATEGIES IN ACTION

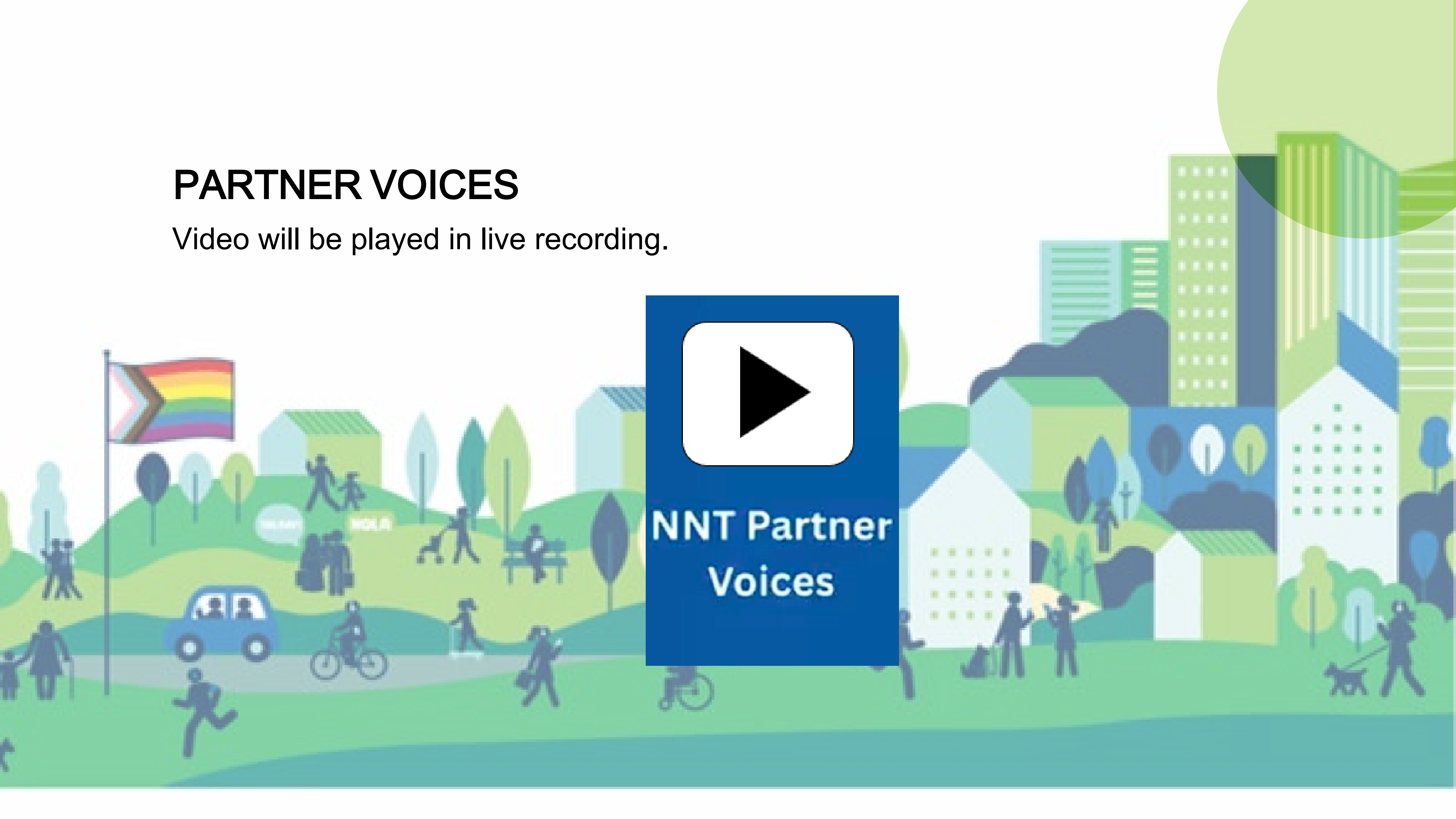


PARTNER VOICES

Video will be played in live recording.

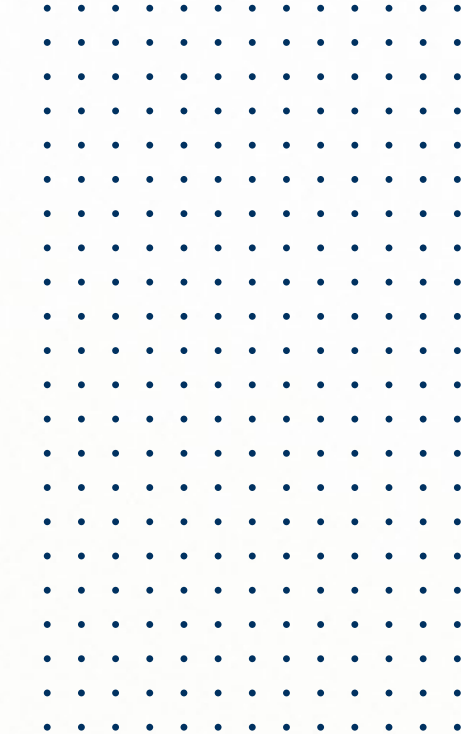


NNT Partner
Voices





RECOMMENDATIONS FOR PUBLIC HEALTH PRACTICE



01 Program Design

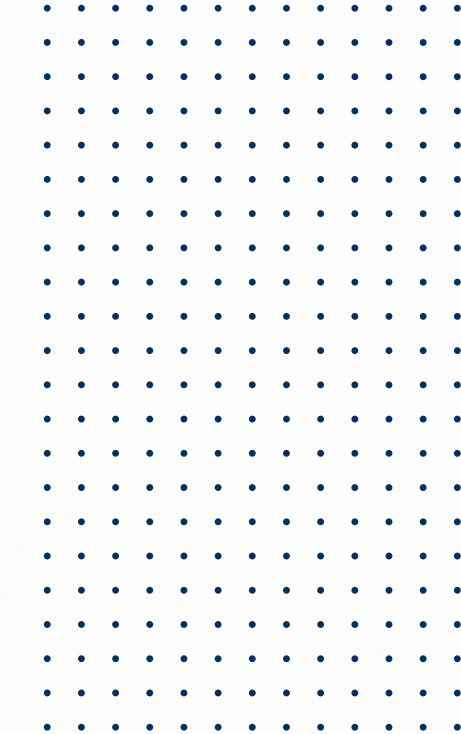
- Clear program goals
- Co-design with partners
- Promotion
- Time to build client and partner connections

02 Micro -Mobile Modality

- Consistent presence at partner sites
- Onsite space for confidential conversations
- Immunization events (example)



RECOMMENDATIONS FOR PUBLIC HEALTH PRACTICE



03 Partnership Approach

- Open and adaptable to partner needs
- Open communication about program goals
- Support data sharing

04 Staff Approach

- Cultural safety and equity, diversity and inclusion (EDI) practices
- Client centered approach
- Active community participation
- Interpretation and translation services
- Site specific engagement strategies
- Referral mechanisms

SHIFTING THE WAY WE WORK

► Partnership Connections

- Relational ethics characteristics of connection and service
- Attitude and approach

► Mobile Modality

- Guests at partner sites
- Different from centralized service delivery

► Scope of Practice

► Flexibility

- Pathways of service
- Internal collaboration and coordination
- Public health leadership



IMPLEMENTATION CONSIDERATIONS

01

Data results around effectiveness and efficiencies of the mobile model

02

Importance of the model of care

03

Approach to decision making

04

Partner relationships to build trust and engagement with hard to connect communities/ individuals





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Questions

