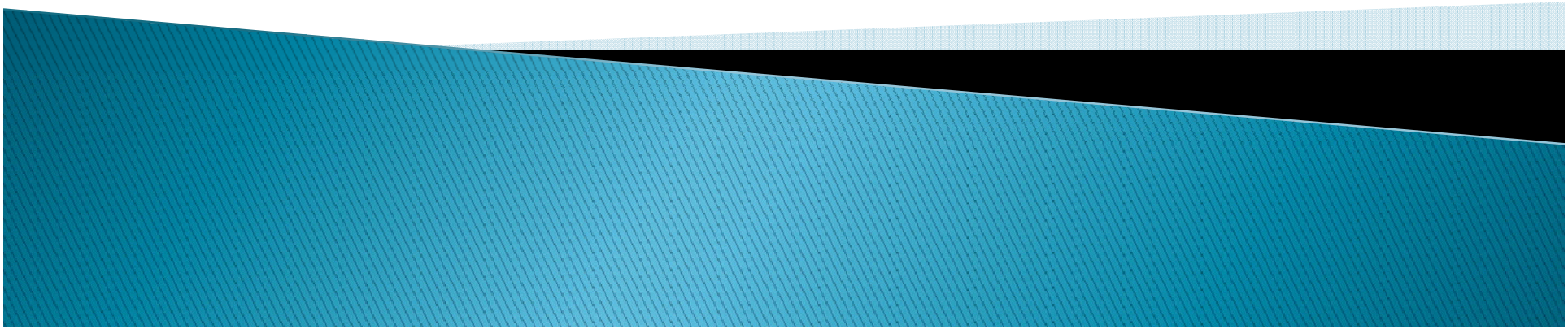
# Quad Council Competencies for Public Health Nurses

## Summer 2011

The Quad Council of Public Health Nursing Organizations is comprised of:

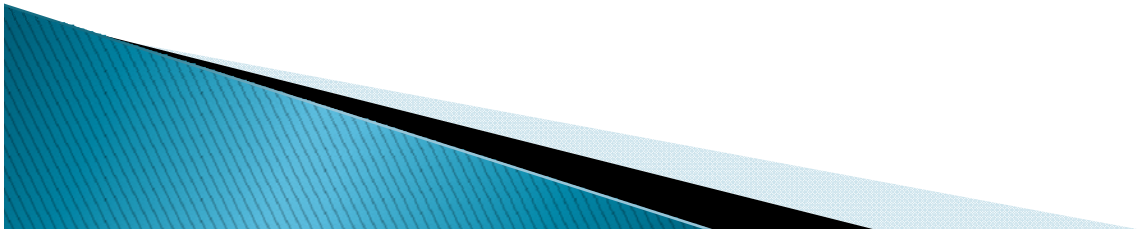
- The Association of Community Health Nurse Educators (ACHNE)
- The Association of State and Territorial Directors of Nursing (ASTDN)
- The American Public Health Association - Public Health Nursing Section (APHA)
- The American Nurses Association's Congress on Nursing Practice and Economics (ANA)

The Quad Council of Public Health Nursing Organizations was founded in the early 1980's to address priorities for public health nursing education, practice, leadership, and research, and as the voice for public health nursing.



# Quad Council Competency Workgroup, 2009-2012

- Michelle Cravetz, MS, RN-BC
- Joyce Krothe, PhD, RN
- David Reyes, MN, MPH, RN
- Susan M. Swider, PhD, APHN-BC



## Introduction

The Quad Council of Public Health Nursing Organizations is comprised of the Association of Community Health Nurse Educators (ACHNE), the Association of State and Territorial Directors of Nursing (ASTDN), the American Public Health Association Public Health Nursing Section (APHA) and the American Nurses Association's Congress on Nursing Practice and Economics (ANA). The Quad Council of Public Health Nursing Organizations was founded in the early 1980's to address priorities for public health nursing education, practice, leadership, and research, and as the voice for public health nursing.

## Methods

In 2010, Quad Council undertook revision of the "Core Competencies for Public Health Nursing" (YR), in part because the Council on Linkages between Academia and Public Health Practice (CoL) revised its "Core Competencies for Public Health Professionals."

We have kept this Core Competencies for Public Health Nursing (CCPHN) document consistent with the "Definition of Public Health Nursing" adopted by the APHA's Public Health Nursing Section in 1996 and the Scope and Standards of Public Health Nursing (Quad Council, 1999). Therefore this CCPHN may be used at all levels and in a variety of practice settings. We planned competencies that could be useful for agencies/organizations employing PHNs, and educational institutions and other agencies engaged in educating PHNs. For example, this CCPHN could be used for initial PHN educational experience, orientation to a new agency, or meeting PHN continuing education needs.

In undertaking the revision process, Quad Council adopted the Council on Linkages (CoL) structure for competencies: eight recognized domains spanned by three tiers of practice. As we developed the CCPHN, we assumed that PHNs practice at the intersection of population-focused nursing care and public health practice. Proceeding from this assumption, we used the CoL document to determine how PHNs should demonstrate core competencies for public health professionals at all three levels: the basic or generalist level (Tier 1); the specialist or mid-level (Tier 2); and at the executive and/or multi-systems level (Tier 3).

Further, we maintained each of the eight domains in the CoL document. Of course, some redundancy is inevitable, given the encompassing nature of public health and PHN practice. Competencies in some domains, such as Community Dimensions of Practice, reappear in virtually all domains.

Throughout the composition of this CCPHN, we solicited public feedback and carefully considered it. Feedback came from a broad array of PHNs in practice and academia, primarily members of the Quad Council member organizations. What resulted was a useful, organized list of knowledge, attitudes, behaviors, and skills that provide the floor for PHN practice at the three levels of service. The Quad Council gratefully acknowledges all those PHNs who invested their time in reviewing our drafts and commenting thoughtfully.

**Levels of Practice**

PHNs practice in diverse settings and environments. Thus these competencies represent the continuum of evolving PHN practice roles, responsibilities, and functions for which PHNs may have to account.

The baccalaureate degree in nursing (BSN) is the established educational preparation for entry level PHN practice (ACHNE, 2009; ANA, 2007; Quad Council, 2004). The BSN provides an essential framework of liberal arts and sciences education that serves as a foundation for PHN practice. From this framework, PHNs understand how social and ecological determinants affect the health of individuals, communities, and populations. BSN education prepares PHNs both didactically and clinically. As in the previous iteration of these competencies, the Quad Council reaffirmed that a PHN generalist has entry-level preparation at the baccalaureate level, reflected by Tier 1 competencies. True, in many areas of the US, nurses work in public health without the BSN. However, the Quad Council believes that those nurses may require a job description that reflects a differentiated level of practice and/or may require extensive orientation and education to successfully achieve generalist competencies in Tier 1.

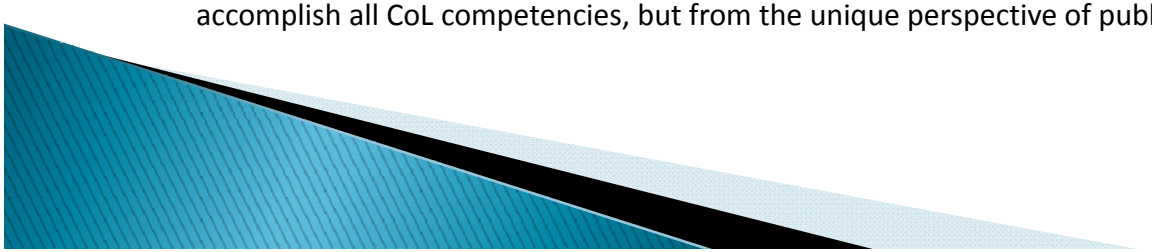
**Tier 1 Core Competencies** apply to generalist public health nurses who carry out day-to-day functions in state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the PHN may include working directly with at-risk populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although the CoL competencies and the Quad Council competencies are primarily focused at the population level, public health nurses must often apply these skills and competencies in the care of individuals, families, or groups. Therefore, Tier 1 competencies reflect this practice.

**Tier 2 Core Competencies** apply to PHNs with an array of program implementation, management and/or supervisory responsibilities, including responsibility for clinical services, home visiting, community-based and population-focused programs. For example, responsibilities may include: implementation and oversight of personal, clinical, family focused, and population-based health services; program and budget development; establishing and managing community relations; establishing timelines and work plans, and presenting recommendations on policy issues.

**Tier 3 Core Competencies** apply to PHNs at an executive/senior management level and leadership levels in public health organizations. In general, these competencies apply to PHNs who are responsible for oversight and administration of programs or operation of an organization, including setting the vision and strategy for an organization and its key structural units, e.g., a public health nursing division. Tier 3 professionals generally are placed at a higher level of positional authority within the agency/organization, and they bring similar or higher level knowledge, advanced education, and experience than their Tier 2 counterparts.

The following assumptions guided the Quad Council's work:

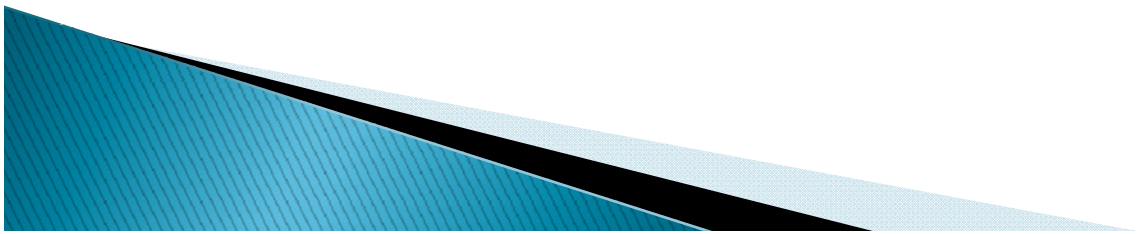
- While the CoL Competencies document was the basis for reformatting the competencies for Public Health Nursing, this document is designed to reflect the unique practice of PHNs, at the intersection of both public health and nursing practice.
- The Quad Council adopted the CoL definition of core competency: "The individual skills desirable for the delivery of Essential Public Health Services. "
- Public Health Nursing is defined as the practice of promoting and protecting the health of populations, using knowledge from nursing, social, and public health sciences. PHNs engage in population-focused practice, but can and do often apply the CoL concepts at the individual and family level.
- PHNs must first possess basic generalist nursing competencies common to all baccalaureate graduates. PHNs also accomplish all CoL competencies, but from the unique perspective of public health nursing.



- Competencies are written to be demonstrable and measurable. Tier 1 reflects PHN practice primarily directed at individuals, families, and groups in the community/public health setting; Tier 2 reflects PHN practice primarily with communities or populations; Tier 3 reflects organizational and systems level PHN leadership.
- The tiers are defined on a continuum, so PHN practice in each tier assumes mastery of the competencies of the previous tier.
- This CCPHN supports the scope and standards of practice for public health nursing. We used the **Public *Health Nursing: Scope and Standards of Practice (ANA, 2007)*** document as a reference to ensure continuity and consistency with those standards.
- Competencies are ***not*** intended to limit PHN practice. They reflect **minimum** competencies at each of the three tiers of practice within each domain.
- Conversely, the basic competencies do not necessarily reflect the practice of exceptional nurses in each tier. Job descriptions for PHNs may reflect components from each level, depending on agency size, needs, structure, leadership, and services.
- As noted in the CoL document, for workers within each competency, intended levels of mastery (and therefore learning objectives) will differ depending upon the workers' backgrounds, job duties, and years of experience.

**Application to Practice**

These competencies have relevance to all PHNs and the agencies that employ them. PHNs will benefit from using these competencies as a foundation for accountable PHN practice. Agencies will benefit from these competencies in designing job descriptions, orientation plans, and professional staff development options. Educators will find the competencies useful for designing curricula that reflect current practice needs, ensuring that their graduates have the knowledge and skills to perform the core functions and essential services of public health, and enabling those graduates to thrive in the public health workforce. Most importantly, the CCPHN provides the basis for public health nursing's efforts to meet the needs of the populations we serve, and to protect and promote the health of communities locally and globally.



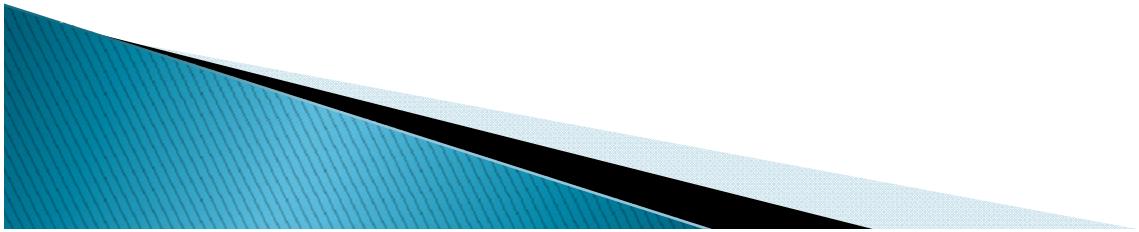
## Quad Council of Public Health Nursing Organizations Core Competencies for Public Health Nurses

Based on the Council on Linkages – Core Competencies* for Public Health Professionals

***Core Competency:** The individual skills desirable for the delivery of Essential Public Health Services. Intended levels of mastery (and therefore learning objectives) for workers within each competency will differ depending upon workers' backgrounds, job duties, and years of experience.

**Assumptions -** The following assumptions supported the Quad Council work:

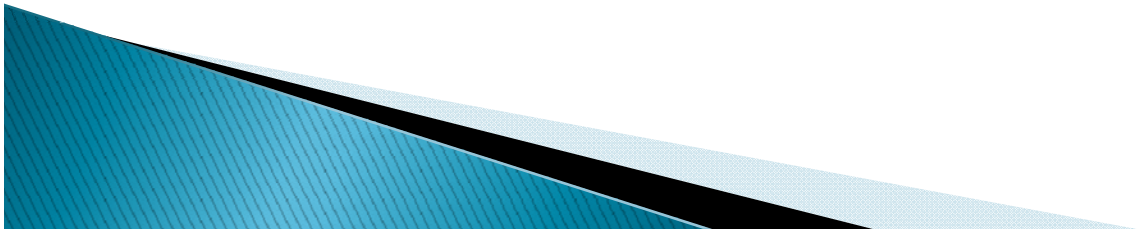
- Public Health Nursing is defined as the practice of promoting and protecting the health of populations, using knowledge from nursing, social and public health sciences. PHNs engage in population-focused practice, but can and do often apply the Council on Linkages concepts at the individual and family level.
- While the Council on Linkages Competencies document was the basis for reformatting the competencies for Public Health Nursing, this document is designed to reflect the unique practice of PHNs, the intersection of both public health and nursing.
- Competencies are written to be demonstrable and measurable. Tier 1 reflects PHN practice primarily directed at individuals, families, and groups in the community; Tier 2 reflects PHN practice primarily directed at communities or populations; Tier 3 reflects systems-level leadership demonstrated by PHNs.
- PHNs must first possess basic generalist nursing competencies. PHNs also accomplish Council on Linkages competencies, but from the unique perspective of public health nursing.
- The tiers are defined on a continuum, so PHN practice in each tier assumes the competencies of the previous tier.
- The Public Health Nursing Core Competencies support the scope and standard of practice for public health nursing. The **Public *Health Nursing: Scope and Standards of Practice*** document was used as a reference to ensure continuity and consistency with those standards.
- Competencies are not intended to limit PHN practice. They reflect **basic** competencies at each of the three tiers of practice within each domain. Competencies reflect the standards for PHN practice at each level, not necessarily the practice of exceptional nurses in each tier. Job descriptions for PHNs may reflect components from each level, depending on agency size, structure, leadership, and services.



| Tier 1 Quad Council<br>Public Health Nursing Competencies | Tier 2 Quad Council<br>Public Health Nursing Competencies | Tier 3 Quad Council<br>Public Health Nursing Competencies |
|---|---|---|
| **Tier 1 Core Competencies** apply to generalist public health nurses who carry out day-to-day functions in state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the PHN may include working directly with at-risk populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although the CoL competencies and the Quad Council competencies are primarily focused at the population level, public health nurses must often apply these skills and competencies in the care of individuals, families, or groups. Therefore, Tier 1 competencies reflect this practice. | **Tier 2 Core Competencies** apply to PHNs with an array of program implementation, management and/or supervisory responsibilities, including responsibility for clinical services, home visiting, community-based and population-focused programs. For example, responsibilities may include: implementation and oversight of personal, clinical, family focused, and population-based health services; program and budget development; establishing and managing community relations; establishing timelines and work plans, and presenting recommendations on policy issues. | **Tier 3 Core Competencies** apply to PHNs at an executive/senior, management level and leadership levels in public health organizations. In general, these competencies apply to PHNs who are responsible for oversight and administration of programs or operation of an organization, including setting the vision and strategy for an organization and its key structural units, e.g., a public health nursing division. Tier 3 professionals generally are placed at a higher level of positional authority within the agency/organization, and they bring similar or higher level knowledge, advanced education and experience than their Tier 2 counterparts. |

**Click on the Domain Number below you wish to view.**


Domain 1: Analytic and Assessment skills
Domain 2: Policy Development/Program Planning Skills
Domain 3: Communications Skills
Domain 4: Cultural Competencies Skills
Domain 5: Community Dimensions of Practice
Domain 6: Public Health Science Skills
Domain 7: Financial Planning and Management Skills
Domain 8: Leadership and Systems Thinking Skills

## Domain 1: Analytic and Assessment Skills

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| 1. Identifies the determinants of health and illness of individuals and families, using multiple sources of data. | 1. Assesses the health status of populations and their related determinants of health and illness.<br>Partners with populations, health professionals, and other stakeholders to attach meaning to collected data. | 1. Conducts comprehensive, in-depth system/organizational assessment as it relates to population health. |
| 2. Uses epidemiologic data and the ecological perspective to identify health risks for a population.<br>Identifies individual and family assets and needs, values and beliefs, resources and relevant environmental factors. | 2. Develops Public Health Nursing diagnoses for individuals, families, communities and populations.<br>Uses a synthesis of nursing, public health, and system science/theory when characterizing population-level health risks.<br>Assures that assessments identify population assets and needs, values and beliefs, resources and relevant environmental factors.<br>Derives population diagnoses and priorities based on assessment data, including input from populations. | 2. Uses organizational and other theories to guide development of system wide approaches to reduce population-level health risks.<br>Designs systems that identify population assets and needs, values and beliefs, resources and relevant environmental factors. |
| 3. Identifies variables that measure health and public health conditions. | 3. Utilizes a wide variety of relevant variables to measure health conditions for a community or population. | 3. Utilizes a comprehensive set of relevant variables within and across systems to measure health conditions. |
| 4. Uses valid and reliable methods and instruments for collecting qualitative and quantitative data from multiple sources.<br>Develops a data collection plan using appropriate technology to collect data to inform the care of individuals, families, and groups. | 4. Develops a data collection plan using models and principles of epidemiology, demography, and biostatistics, as well as social, behavioral, and natural sciences to collect quantitative and qualitative data on a community or population.<br>Uses methods and instruments for collecting valid and reliable quantitative and qualitative data. | 4. Develops systems that support the collection of valid and reliable quantitative and qualitative data on individuals, families, and populations. |
| 5. Identifies sources of public health data and information.<br>Collects, interprets and documents data in terms that are understandable to all who were involved in the process, including communities. | 5. Uses multiple methods and sources when collecting and analyzing data for a comprehensive community/population assessment.<br>Assures that assessments are documented and interpreted in terms that are understandable to all who were involved in process, including communities. | 5. Designs systems that assure that assessments are documented and interpreted in terms that are understandable to all who are involved in the process, including individuals, communities, and populations.<br>Designs data collection system that uses multiple methods and sources when collecting and analyzing data to ensure a comprehensive assessment process. |
| 6. Uses valid and reliable data sources to make comparisons for assessment. | 6. Critiques the validity, reliability, and comparability of data collected for communities/populations. | 6. Designs systems to assure the validity, reliability, and comparability of data.<br>Revises systems to assure optimal validity, reliability, and comparability of data. |

| Domain 1: (Continued) | | |
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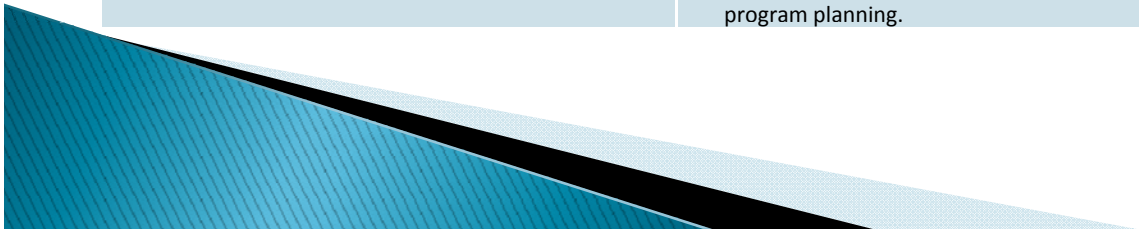
| 7. Identifies gaps and redundancies in data sources in a community assessment through work with individuals, families, and communities. | 7. Identifies gaps and redundancies in data sources used in a comprehensive community/population assessment.<br>Examines the effect of gaps in data on PH practice/program planning. | 7. Identifies gaps and redundancies in sources of data used in a comprehensive organizational assessment.<br>Strategizes with relevant others to address data gaps. |
| 8. Applies ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information. | 8. Assures the application of ethical, legal, and policy principles in the collection, maintenance, use, and dissemination of data and information. | 8. Ensures information disseminated is understandable to the community and stakeholders.<br>Establishes systems that incorporate ethical, legal, and policy principles into the collection, maintenance, use, and dissemination of data and information. |
| 9. Describes the public health nursing applications of quantitative and qualitative data. | 9. Synthesizes qualitative and quantitative data during data analysis for a comprehensive community/population assessment.<br>Uses various data collection methods and qualitative and quantitative data sources to conduct a comprehensive, community/population assessment. | 9. Synthesizes qualitative and quantitative data during data analysis for a comprehensive organizational assessment.<br>Uses multiple methods and qualitative and quantitative data sources for a comprehensive system/organizational assessment. |
| 10. Collects quantitative and qualitative data that can be used in the community health assessment process.<br>Assesses data collected as part of the community assessment process to make inferences about individuals, families, and groups. | 10. Incorporates an ecological perspective when analyzing data from a comprehensive community/population assessment.<br>Partners with groups, communities, populations, health professionals, and stakeholders to review and evaluate data collected. | 10. Incorporates ecological perspective when analyzing data from a comprehensive, system/organizational assessment as it relates to population health. |
| 11. Utilizes information technology to collect, analyze, store, and retrieve data related to public health nursing care of individuals, families, and groups. | 11. Utilizes information technology effectively to collect, analyze, store, and retrieve data related to care of communities and populations. | 11. Collaborates with others in the design of data collection processes and applications that facilitate the collection, use, storage, and retrieval of data. |
| 12. Practices evidence-based Public Health Nursing to promote the health of individuals, families and groups. | 12. Practices evidence-based Public Health Nursing to promote the health of communities and populations. | 12. Practices evidence-based Public Health Nursing to create and/or modify systems of care.<br>Utilizes data to address scientific, political, ethical, and social public health issues. |
| 13. Uses available data and resources related to the social determinants of health when planning care for individuals, families, and groups. | 13. Collects data related to social determinants of health and community resources to plan for community-oriented and population-level programs.<br>Analyzes those data.<br>Incorporates the results of those analyses into program planning. | 13. Evaluates organization/system capacity to analyze the health status of the community/population effectively.<br>Allocates organization/system resources to support the effective analysis of the health status of the community/population. |



## Domain 2: Policy Development/Program Planning Skills

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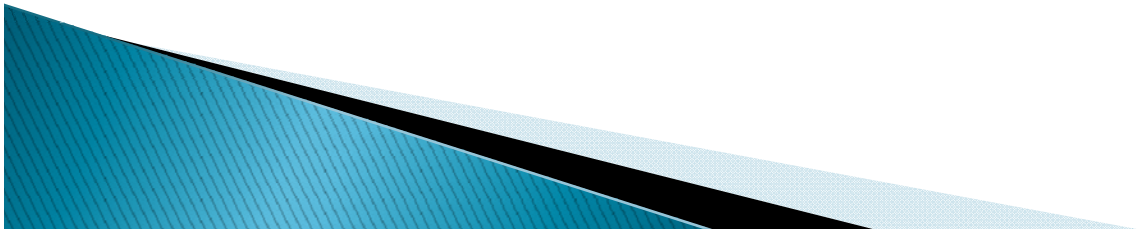
| 1. Identifies policy issues relevant to the health of individuals, families, and groups.<br>Describes the structure of the public health system and its impacts on individuals, families, and groups within a population. | 1. Identifies valid and reliable data relevant to health policies targeted to communities and populations.<br>Conducts and uses policy analysis to address specific public health issues. | 1. Establishes methods to collect and analyze public health and public policy information. |
| 2. Identifies the implications of policy options on public health programs and the potential impacts on individuals, families, and groups within a population. | 2. Plans population-level interventions guided by relevant models and research findings. | 2. Synthesizes complex policy options to plan public health services at the systems level. |
| 3. Identifies outcomes of health policy relevant to PHN practice. | 3. Conducts and uses policy analysis to address public health issues.<br>Incorporates a wide range of policy options into the planning and delivery of health services and interventions to groups, communities, and populations. | 3. Conducts and uses policy analysis to address specific public health and systems issues. |
| 4. Collects information that will inform policy decisions.<br>Describes the legislative policy development process.<br>Identifies outcomes of current health policy relevant to PHN practice. | 4. Plans population-level interventions guided by relevant theories, concepts, models, policies, and evidence.<br>Uses planning models, epidemiology, and other analytical methods in evaluating population-level interventions.<br>Critiques the evidence for population-level interventions.<br>Conducts and uses policy analysis to address specific public health issues. | 4. Conducts policy analysis to address specific public health and systems issues. |
| | | 5. Uses existing models and evidence to develop policies for public health systems within the framework of the organization's governing body. |
| | 6. Selects an appropriate method of decision analysis for an issue relevant to an identified group, community, or population.<br>Uses planning models, epidemiology, and other analytical methods in the development and implementation of population level interventions. | 6. Develops a system of decision analysis using the strengths and appropriateness of various models and methods.<br>Critiques health and public policy in order to address current and emerging public health problems and issues. |



## Domain 2: Policy Development/Program Planning Skills (Continued)

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| 7. Describes the structure of the public health system.<br>Identifies public health laws and regulations relevant to PHN practice.<br>Provides public health nursing services in a manner consistent with laws and regulations. | 7. Manages the delivery of community/population-based health services.<br>Evaluates and ensures compliance with public health laws and regulations. | 7. Establishes public health programs and services that are consistent with laws and regulations. |
| 8. Participates as a team member in developing organizational plans to implement programs and policies. | 8. Develops plans to implement programs and organizational policies.<br>Works as part of an interdisciplinary team to implement relevant policies into community/population level interventions. | 8. Implements a system for monitoring the effectiveness and efficiency of policies and programs.<br>Leads team to implement health policy in population health interventions and health systems operations. |
| 9. Participates in teams to assure compliance with organizational policies. | 9. Manages the implementation of organizational policies and programs for areas of responsibility. | 9. Oversees the implementation of organizational policy throughout the organization. |
| 10. Assists in the design of an evaluation plan for an individual-, family-, or community-focused program.<br>Participates as a team member to evaluate programs to individuals, families, and groups for their effectiveness and quality. | 10. Designs an evaluation plan that addresses multiple variables, includes both process and outcome measures, and uses multiple data collection methods.<br>Conducts evaluation of care delivery to communities and populations served by the organization.<br>Provides feedback on the organization's quality improvement program.<br>Establishes methods to utilize technology to collect data to monitor and evaluate the quality and effectiveness of programs for communities and populations. | 10. Oversees an evaluation of the program's overall effectiveness, quality, and sustainability.<br>Designs systems-level quality initiatives and evaluation plans that foster program sustainability.<br>Incorporates quality and cost measures into agency program evaluation.<br>Serves as a resource on quality improvement and program evaluation.<br>Promotes the development of systems to use technology in the evaluation of program quality and effectiveness. |
| 11. Understands methods and practices used to identify and access public health information for individuals, families, and groups. | 11. Identifies a variety of sources and methods to access public health information for a community or population.<br>Utilizes technology to collect data to monitor and evaluate the quality and effectiveness of programs for populations. | 11. Serves as a resource for others in the identification and use of public health informatics for communities and populations.<br>Utilizes technology to collect data to monitor and evaluate the quality and effectiveness of programs and systems. |
| 12. Understands that quality improvement is important to the practice of public health nursing.<br>Participates in quality improvement teams.<br>Describes various approaches used to improve public health processes and systems.<br>Utilizes quality indicators and core measures to identify and address opportunities for improvement in the care of individuals, families, and groups. | 12. Develops quality improvement indicators and core measures as part of the process to improve public health programs and services.<br>Utilizes quality improvement indicators and core measures as part of the process to improve public health programs and services. | 12. Implements organizational and system-wide strategies for continuous quality improvement and performance management. |

| Domain 3: Communications Skills | | |
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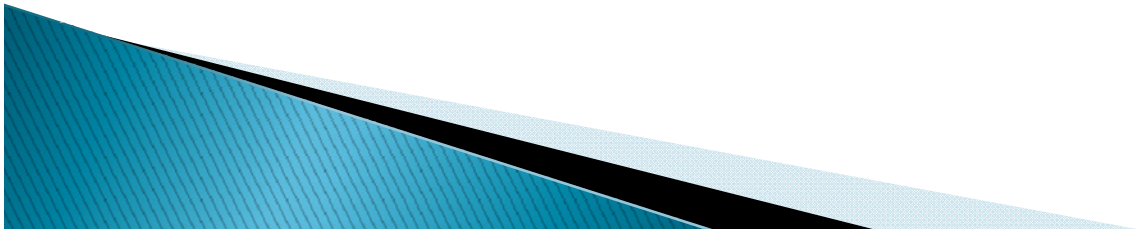
| 1. Assesses the health literacy of the individuals, families, and groups served. | 1. Assesses the health literacy of communities/populations served. | 1. Ensures health literacy principles are integrated into all agency communication. |
| 2. Communicates effectively in writing, orally, and electronically.<br>Communicates in a culturally responsive and relevant manner.<br>Communications are characterized by critical thinking. | 2. Communicates effectively in writing, orally, and electronically.<br>Communications are characterized by critical thinking and complex decision making. | 2. Communicates effectively in writing, orally, and electronically.<br>Communications are characterized by critical thinking and decision making at the systems level. |
| 3. Solicits input from individuals, families and groups when planning and delivering health care. | 3. Solicits input from community/population members and stakeholders when planning health care programs. | 3. Solicits input from organizational partners and stakeholders when planning health care programs. |
| 4. Utilizes a variety of methods to disseminate public health information to individuals, families, and groups within a population. | 4. Utilizes a variety of methods to disseminate public health information tailored to communities/ populations | 4.Utilizes systems level methods to widely disseminate public health information tailored to varying audiences. |
| 5.Demonstrates presentation of targeted health information to multiple audiences at a local level, including to groups, peer professionals, and agency peers. | 5.Demonstrates presentation of targeted health information and outcomes of Evidence Based Practice (EBP) to multiple audiences, including to community and professional groups. | 5.Demonstrates presentation of targeted health information to multiple audiences, as well as to a variety of organizations.<br>Mentors others in presentation/dissemination skills. |
| 6.Communicates effectively with individuals, families, and groups and as a member of inter-professional team(s). | 6.Communicates effectively with community groups, partners, and inter-professional teams. | 6.Communicates effectively with systems leaders and key stakeholders.<br>Communicates effectively as member or leader of inter-professional team, both internally and externally. |
| 7. Articulates the role of public health nursing to internal and external audiences. | 7. Articulates the role of public health within the overall health system to internal and external audiences. | 7.Ensures system/organizational capacity to articulate the role of public health. |



| Domain 4: Cultural Competency Skills | | |
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| 1. Utilizes the social and ecological determinants of health to work effectively with diverse individuals, families, and groups. | 1. Utilizes social and ecological determinants of health to develop culturally responsive interventions with communities and populations. | 1. Ensures recognition and respect for diversity is integrated into the organizational culture. Recognizes the dynamic nature of a diverse workforce and the necessity for on-going responsiveness to the changing needs of diverse populations. |
| 2. Uses concepts, knowledge, and evidence of the social determinants of health in the delivery of services to individuals, families, and groups. Utilizes information technology to understand the impact of the social determinants of health on individuals, families, and groups. | 2. Uses epidemiological data, concepts, and other evidence to analyze the social determinants of health when developing and tailoring population-level health services. Applies multiple methods and sources of information technology to better understand the impact of the social determinants of health on communities and populations | 2. Develops systems level health programs using knowledge of social determinants of health. Facilitates the use of Community Based Participatory Research (CBPR) and other methods to evaluate effectiveness of strategies in reducing the impact of social determinants of health. Assures system access to technology that provides information on the cultural, social, and behavioral factors in determining the delivery of public health services. |
| 3. Adapts public health nursing care to individuals, families, and groups based on cultural needs and differences. | 3. Plans health services to meet the cultural needs of diverse communities and populations. | 3. Plans for health services delivery at the systems level to address the needs of culturally diverse populations. |
| 4. Explains factors contributing to cultural diversity. | 4. Explains the interplay of multiple forces contributing to cultural diversity. | 4. Explains the complexity and dynamic nature of the forces contributing to cultural diversity. |
| 5. Articulates the benefits of a diverse public health workforce. | 5. Serves as an advocate to build a diverse public health workforce. | 5. Contributes to plans and actions that foster a diverse public health workforce. |
| 6. Demonstrates culturally appropriate public health nursing practice with individuals, families, groups, and community members. Contributes to promoting culturally responsive work environment. | 6. Uses evidence and awareness of cultural models to tailor interventions to diverse populations. Evaluates current population health programs for evidence of cultural tailoring. Evaluates staff development needs related to cultural competency. | 6. Assures organizational/system adherence to standards, policies, and practices for cultural competency. Evaluates agency practices and policies for cultural competence. |
| | 7.Uses evidence and cultural models to tailor program level interventions. | 7. Uses evidence-based models to enhance the organization's cultural competence. |

| Domain 5: Community Dimensions of Practice Skills | | |
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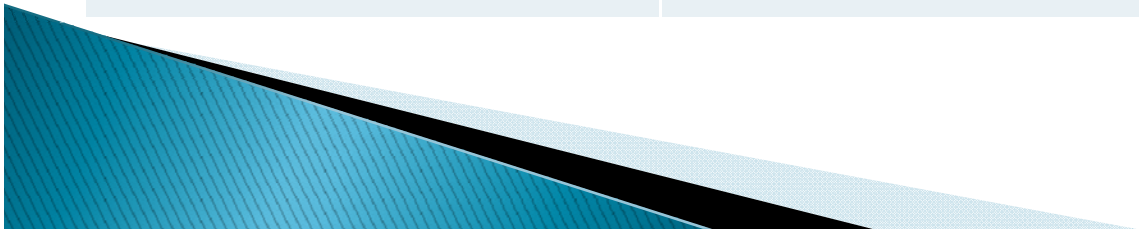
| 1. Utilizes an ecological perspective in health assessment, planning, and interventions with individuals, families, and groups. | 1. Utilizes an ecological perspective in health assessment, planning, and interventions with communities and populations. | 1. Utilizes an ecological perspective to evaluate community linkages and relationships across agencies and systems. |
| 2. Identifies research issues at a community level. Functions effectively as a member of a Community Based Participatory Research (CBPR) team. | 2. Provides population health expertise for BPR teams. | 2. Integrates CBPR approaches to support evidence- based practice within organizations and systems. |
| 3. Identifies community partners for PHN practice with individuals, families and groups. | 3. Identifies need for community involvement and partners to create community groups/coalitions. | 3. Establishes organizational relationships, processes, and system improvements to enhance collaboration and cooperation among stakeholders in population-focused health policies. |
| 4. Collaborates with community partners to promote the health of individuals and families within the population. | 4. Identify mechanisms for enhancing collaboration among stakeholders in population-focused health interventions. Develops partnerships with key stakeholders and groups. | 4. Establishes collaborative relationships and/or partnerships with key stakeholders, both internal and external. Evaluates the effectiveness of collaborative relationships and partnerships within organizations and systems. Seeks new partnerships to facilitate system-level goals. |
| 5. Partners effectively with key stakeholders and groups in care delivery to individuals, families, groups. | 5. Partners effectively with key stakeholders and groups in care delivery to communities/populations. | 5. Partners effectively with key stakeholders and groups in development of population-focused health policies. |
| 6. Participates effectively in activities that facilitate community involvement | 6. Identifies areas for community involvement in agency programs and initiatives. Critiques the evidence on approaches to fostering community partnerships and involvement. Uses evidence-based guidelines and effective group processes to partner with community members and groups. | 6. Implements mechanisms for ongoing and meaningful community involvement in population health issues. Demonstrates proficiency in the use of group processes that facilitate community involvement. Provides leadership in partnering with groups across systems. Functions as a resource in methods to foster community involvement. |



| Domain 5: Community Dimensions of Practice Skills (Continued) | | |
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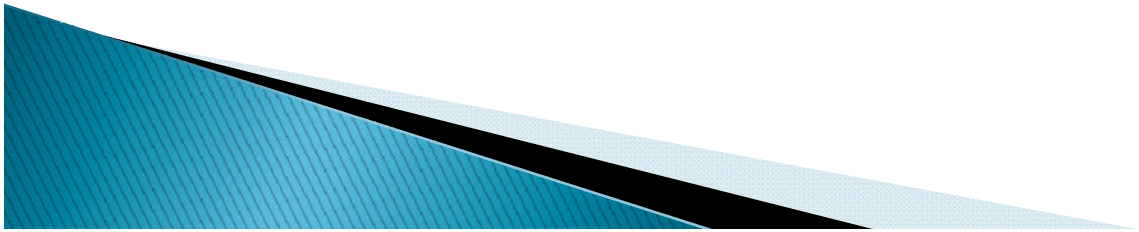
| 7. Describes to individuals, families, and groups the role of government and the private and non-profit sectors in the delivery of community health services. | 7. Explains to community groups and partners the role of government and the private and non-profit sectors in the delivery of community health services. | 7. Influences the role of government, the private sector, and non-profit sectors in the delivery of community health services. |
| 8. Utilizes community assets and resources to promote health and to deliver care to individuals, families, and groups. | 8. Utilizes community assets and resources to promote and to deliver care to communities/populations. | 8. Utilizes community assets and resources in the agency and/or system health care programs. Implements strategies to seek resources for efforts to promote the health of populations. |
| 9. Seeks input from individuals, families, and groups and incorporates it into plans of care. | 9. Uses input from a variety of community/aggregate stakeholders in the development of public health programs and services. | 9. Assures the comprehensive inclusion of input from the community served when developing policies and programs. |
| 10. Supports public health policies, programs, and resources. Identifies opportunities for population-focused advocacy for individuals, families, and groups. | 10. Advocates for public health policies, programs, and resources that better serve populations. | 10. Advocates for national and global public health policies, programs, and resources that impact service population. Demonstrates leadership in advocacy efforts for public health priorities that improve population health and/or impact health care systems. |
| | | 11. Evaluates effectiveness of community engagement strategies on public health policies, programs, and resources. |



## Domain 6: Public Health Sciences Skills

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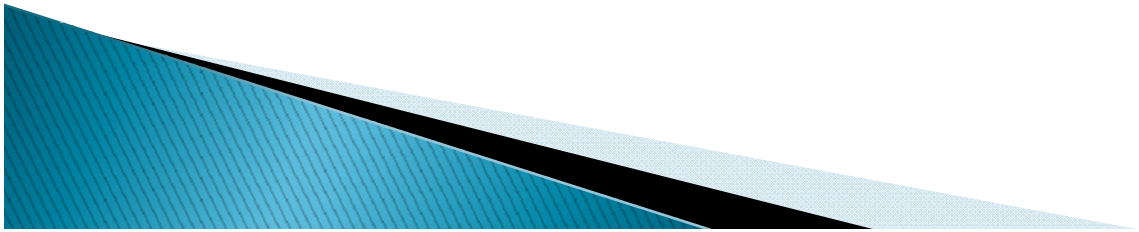
| 1. Incorporates public health and nursing science in the delivery of care to individuals, families, and groups. | 1. Utilizes public health and nursing science in practice at population and community level. | 1. Serves as an expert in utilizing public health and nursing science in the design of public health practice environments. |
| 2. Describes the historical foundation of public health and public health nursing. | 2. Describes the influence of sentinel events on current public health nursing practice. | 2. Leads change in public health systems and practice that is informed by historical learning. |
| 3. Describes how individual-, family-, and group-focused programs contribute to meeting the core public health functions and the 10 essential services. | 3. Uses evidence-based practice to assure population level programs contribute to meeting core public health functions and the 10 essential services. | 3. Uses epidemiology and other methods to appraise the organization's contribution to meeting the core public health functions and the 10 essential services. |
| 4. Uses basic descriptive epidemiological methods when conducting a health assessment for individuals, families, and groups. | 4. Uses descriptive and analytical methods, and public health sciences to design, implement, and evaluate interventions at community and population level. | 4. Uses analytical methods when benchmarking practice and organizational outcomes. |
| 5. Interprets research relevant to public health interventions for individuals, families, and groups. | 5. Synthesizes research across disciplines related to public health concerns, and population-level interventions. | 5. Collaborates with others to address gaps in evidence for preventing health threats at the population level. Evaluates and promotes organizational effectiveness in translating research into practice. |
| 6. Accessing public health and other sources of information using informatics and other information technologies. | 6. Identifies gaps in the scientific evidence related to public health issues, concerns, and population-level interventions. | 6. Serves as an expert resource for others in the identification and use of public health informatics. |
| 7. Identifies gaps in research evidence to guide public health nursing practice. | 7. Identifies a wide variety of sources and methods to access public health information, e.g., GIS mapping. Identifies gaps and inconsistencies in research evidence for practice. | 7. Strategizes with others to address limitations of research findings. |
| 8. Complies with the requirements of patient confidentiality and human subject protection. | 8. Incorporates the requirements of patient confidentiality, human subject protection, and research ethics into data collection and processing. | 8. Serves as an expert in the design of data collection methods that incorporate the requirements of patient confidentiality, human subject protection, and research ethics. |
| 9. Participates in research at the community level to build the scientific base of public health nursing. | 9. Disseminates theory-guided and/or evidence-based practice outcomes in peer reviewed journals and national level meetings. Facilitates research projects within organization. | 9. Develops new approaches to theory-guided and/or evidence-based practice in public health. Evaluates theory-guided and/or evidence-based practice in public health. Disseminates new evidence-based practices in public health. |
| | | 10. Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings. |



| Domain 7: Financial Management and Planning Skills | | |
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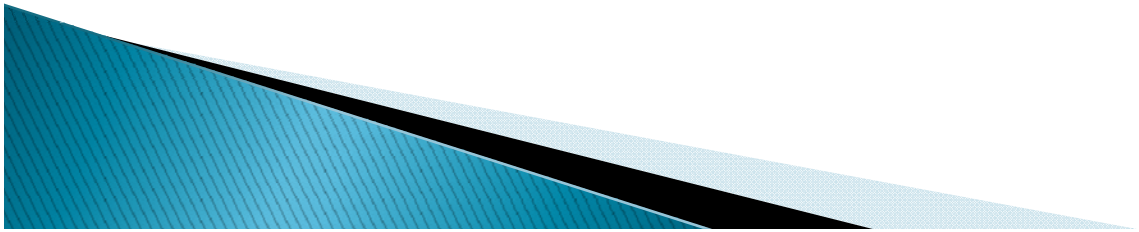
| 1.Describes the interrelationships among local, state, tribal, and federal public health and health care systems. | 1.Collaborates with relevant public and/or private systems for managing programs in public health. | 1.Identifies potential funding sources and support to meet community and population health needs.<br>Leverages relationships to form alliances across public and private health care systems that advance population health. |
| 2. Describes the structure, function, and jurisdictional authority of the organizational units within federal, state, tribal, and local public health agencies. | 2. Supervises the operations of health programs within federal, state, tribal, and local public health agencies. | 2. Develops health programs within federal, state, tribal, and local public health agencies. |
| 3. Adheres to the organization's policies and procedures, including emergency preparedness and response. | 3. Develops partnerships with communities and agencies within the federal, state, tribal ,and local levels of government that have authority over public health situations, such as emergency preparedness. | 3. Provides leadership across agency partnerships within the federal, state, tribal, and local levels of government that have authority over public health situations or with specific issues, such as emergency events. |
| | 4. Implements the judicial and operational procedures of the governing body and/or administrative unit designated with oversight of public health organizational operations. | 4. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit designated with oversight of public health organizational operations |
| 5. Provides data for inclusion in a programmatic budget. | 5. Develops a programmatic budget. | 5. Develops an organization-wide budget.<br>Defends an organization-wide budget. |
| 6. Describes the impact of budget constraints on the delivery of public health nursing care to individuals, families, and groups. | 6. Manages care delivery to communities/populations within current and forecasted budget constraints. | 6. Administers the delivery of agency services within current and forecasted budget constraints. |
| 7. Provides input into budget priorities. | 7. Develops strategies for determining budget priorities based on financial input from federal, state, tribal, and local sources. | 7. Evaluates strategies for determining budget priorities.<br>Recommends strategies for determining budget priorities. |



| Domain 7: Financial Planning and Management Skills (Continued) | | |
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| | 8. Assesses the impact of organizational budget priorities on public health nursing programs and practice.<br>Establishes organizational PHN resource priorities that assure effective public health nursing practice. | 8. Assesses the impact of organizational budget priorities on public health systems and practice.<br>Determines budgetary priorities for the organization. |
| 9. Provides data to evaluate care and services for individuals, families, and groups.<br>Contributes to the evaluation plan for a program targeting individuals, families, and/or groups. | 9. Designs evaluation plans for population-focused programs.<br>Implements evaluation plans for population-focused programs. | 9. Evaluates program performance at the organizational/systems level for quality, effectiveness, efficiency, safety, and sustainability. |
| 10. Adapts the delivery of public health nursing care to individuals, families, and groups based on reported evaluation results. | 10. Leads revisions to population-focused programs based on formative and summative evaluation results. | 10. Utilizes program evaluation data to improve organizational and system quality and performance. |
| 11. Provides input into the fiscal and narrative components of proposals for funding from external sources. | 11. Develops proposals for funding from external sources. | 11. Approves proposals for submission to external funding sources. |
| 12. Applies basic human relations and conflict management skills in interactions with peers and other health care team members. | 12. Applies basic human relations and conflict management skills in interactions with direct reports, other professionals, and health care team members. | 12. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts.<br>Establishes policies and procedures for basic human relation and conflict management throughout the system. |
| 13. Utilizes public heath informatics skills relative to the public health nursing care of individuals, families & groups. | 13. Identifies opportunities to use health care technologies and informatics to improve public health program and business operations.<br>Incorporates health care technology and informatics to improve public health program and business operations. | 13.Leads processes to design and improve public health programs and business operations using informatics and health care technologies. |

| Domain 7: Financial Planning and Management Skills (Continued) | | |
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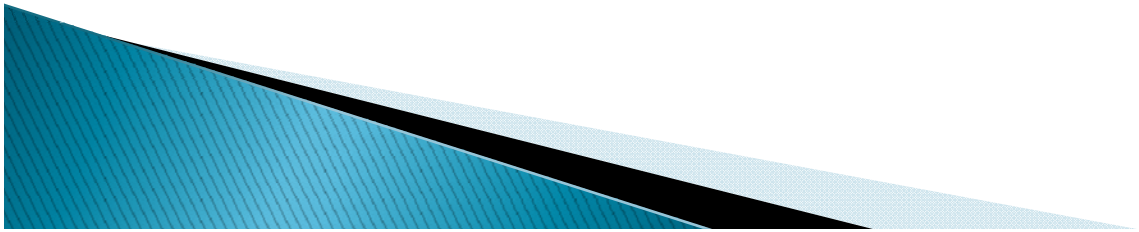
| 14. Provides input into contracts and other agreements for the provision of services. | 14. Assists in the development of contracts and other agreements for the provision of services. | 14. Approves contracts and other agreements for the provision of services. |
| 15. Delivers public health nursing care within budgetary guidelines. | 15. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making.<br>Employs cost-effectiveness, cost benefit, and cost-utility analyses for programmatic prioritization and decision making. | 15. Utilizes cost-effectiveness, cost-benefit, and cost-utility analyses in decision making and prioritizing programs across organizations and systems. |
| | | 16. Utilizes data and information to improve organizational processes and performance. |
| | 17. Participates in implementation and evaluation of performance management systems. | 17. Establishes performance management systems across programs throughout the organization. |



| Domain 8: Leadership and Systems Thinking Skills | | |
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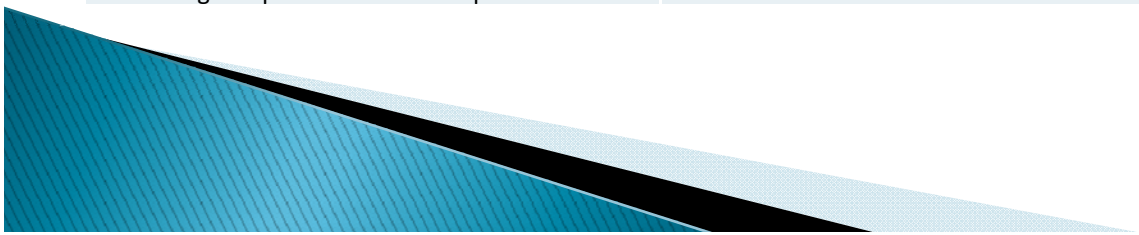
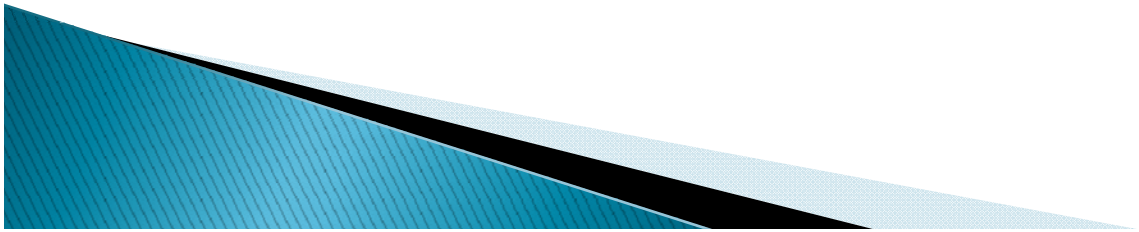
| 1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.<br>Incorporates ethical standards into all aspects of public health nursing practice. | 1. Addresses ethical issues related to the public health nursing care of communities/populations. | 1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.<br>Models accountability for ethical standards of public health practice as the basis of all interactions with organizations, communities, and individuals. |
| 2. Applies systems theory to PHN practice with individuals, families, and groups. | 2. Applies system theory to PHN practice with communities and populations. | 2. Integrates systems thinking into public health practice.<br>Evaluates new approaches to public health practice that integrate organizational and systems theories. |
| 3. Participates with stakeholders to identify vision, values, and principles for community action. | 3. Leads team and community partners in identifying vision, values, and principles for community action. | 3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action.<br>Integrates a shared vision, values, and principles for community action across the organization and the health care system. |
| 4. Identifies internal and external factors affecting PHN practice and services. | 4. Analyzes internal and external factors that may impact the delivery of essential public health services.<br>Implements strategies to assure quality, collaboration, and coordination in delivery of PHN services. | 4. Designs solutions that address internal and external problems that affect the delivery of essential public health services.<br>Maintains systems that assure quality, collaboration, and coordination in the delivery of essential public health services. |
| 5. Uses individual, team, and organizational learning opportunities for personal and professional development as a public health nurse. | 5. Leads inter-professional team and organizational learning opportunities.<br>Provides leadership in staff development. | 5. Assures development of learning opportunities at the levels of individual, inter-professional team, and organization. |
| 6. Acts as a mentor, coach, or peer advisor/reviewer for public health nursing staff.<br>Maintains personal commitment to lifelong learning and professional development. | 6. Implements opportunities to mentor, advise, coach, and develop peers, direct reports, and other members of the public health workforce. | 6. Establishes mentoring, peer advising, coaching, and professional development systems for the public health workforce. |



| Domain 8: Leadership and Systems Thinking Skills (Continued) | | |
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| 7. Participates in quality initiatives that identify opportunities for improvement.<br>Provides data to measure, report, and improve organizational performance. | 7. Uses evidence-based models to design and implement quality initiatives.<br>Establishes indicators to monitor organizational performance. | 7. Develops systems to measure, report, and improve quality of care and organizational performance.<br>Maintains systems to measure, report, and improve quality of care and organizational performance. |
| 8. Adapts the delivery of public health nursing care in consideration of changes in the public health system, and the larger social, political, and economic environment.<br>Maintains knowledge of current public health laws and policies relevant to public health nursing practice. | 8. Adapts program delivery to communities/populations in consideration of changes in the public health system, and the larger social, political, and economic environment.<br>Assesses outcomes of current health policy relevant to public health and public health nursing practice. | 8. Establishes organizational practices that reflect the changes in the public health system and the larger social, political, and economic environment. |
| | | 9. Effectively leads organizational and systems level change. |