Community/Public Health Nursing [C/PHN] Competencies
(Quad Council Coalition, 2018)

The Quad Council Coalition (QCC) of Public Health Nursing Organizations is comprised of:

- Alliance of Nurses for Healthy Environments (AHNE)
- Association of Community Health Nursing Educators (ACHNE)
- Association of Public Health Nurses (APHN)
- The American Public Health Association – Public Health Nursing Section (APHA-PHN)

The QCC was founded in 1988 to address priorities for public health nursing education, practice, leadership, and research, and as the voice of public health nursing.

QCC Competency Review Task Force, 2017-2018
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Introduction

The Quad Council Coalition (QCC) of Public Health Nursing Organizations is comprised of the Alliance of Nurses for Healthy Environments (AHNE), Association of Community Health Nursing Educators (ACHNE), Association of Public Health Nurses (APHN), and the American Public Health Association Public Health Nursing Section (APHA PHN). The Quad Council Coalition (QCC) of Public Health Nursing Organizations was founded in 1988 and represents nursing professional groups active in public health teaching and practice; its vision and mission are to provide the "voice and visibility for public health nurses." The QCC "sets a national policy agenda on issues related to public health nursing and advocates for excellence in public health nursing education, practice, leadership, and research" (Quad Council Coalition [QCC], 2017, p. para.1). In 2011, the QC revised the *Quad Council Competencies for Public Health Nurses* (QCC-PHN) to guide three levels of practice: *Tier one* generalist, *Tier two* management or supervisory, and *Tier three* senior management or leadership (Swider, Krothe, Reyes, & Cravetz, 2013). The QCC-PHN were designed to inform and improve the public health workforce (Quad Council Coalition [QCC], 2017). Practice and education based on *competency* is an important goal (Joyce et al., 2017). Six years after the approval of the 2011 *Core Competencies for Public Health Nursing*, the QCC appointed a Competency Review Task Force charged with review and revision of the *Core Competencies for Public Health Nursing* (Quad Council, 2011, Summer). The Task Force was comprised of members representing QCC member organizations and all levels of practice, education, and research. The Community/Public Health Nursing (C/PHN) competencies grew out of the effort to rebrand the competencies to be more inclusive, more fully reflect the definition of *Public Health Nursing* (American Public Health Association Public Health Nursing Section [APHA PHN, 2013), and create conditions for community and public health nurses to be active participants in Public Health 3.0 (DeSalvo, Wang, Harris, Auerbach, Koo, & O'Carroll, 2017). In addition to the revised *competencies,* an evaluation tool was developed as a template for practice, education, and in research activities (See Appendix 1).

Methods

The Task Force members included representatives from education and practice for each Tier (generalist, supervisory management, senior leadership/management). Work on the revisions took place in March through October 2017. An attempt was made to use the revised Bloom's Taxonomy Action Verbs (Anderson et al., 2001) for each *competency* statement. A cross-walk matrix was developed to strengthen the C/PHN and align them with the Core Competencies for Public Health Professionals (Council on Linkages Between Academia and Public Health Practice [CoL], 2014, June). Finally, other sets of competencies were used in the matrix to support additions or changes in the revised draft. Reviewed competencies included: AONE Nurse Executive and Nurse Manager Competencies (American Organization of Nurse Executives [AONE], 2015), World Health Organization (2016) Nurse Educator Core Competencies, Competencies in Occupational & Environmental Health Nursing (American Association of Occupational Health Nurses [AAOHN], 2015), Global Health Competencies (Wilson et al., 2012) and Interprofessional Global Health Competencies (Jogerst et al.,

2015). Also, a critical review of the literature provided manuscripts and documents to guide revision (Joyce et al., 2017; Robert Wood Johnson Foundation Public Health Nurse Leaders [RWJPHNL], 2017, August).

Each QCC member organization was asked to participate in two rounds of a Delphi process as a crucial strategy to capture insights and feedback from subject matter experts (Hsu & Sandford, 2007). The initial Delphi process began November 15, 2017 and ended February 1, 2018. Member organizations were provided recommended procedures for the review and supporting documents. It was recommended that each organization mirror the Task Force's process. The Task Force suggested each organization appoint a committee that includes representatives from each of the three Tiers, which are to be divided into Tiers 1-3 (Table 1) and Domains (1-8). The appointed leader served as the point of contact to the QCC Competency Review Task Force. As a suggested example, a group of 3-4 members can be assigned to Tier 1, and each can review two *competency* Domains. Once the within-Tier review is completed, the committee will want to look horizontally across the Tiers to pick up redundancy and ensure a natural progression of competencies across the three Tiers. Criteria for *competency* review included: competencies can stand alone, competencies between Tiers demonstrate a natural progression of knowledge, skills, and attitudes, and competencies are forward thinking.

An Excel spreadsheet with the draft C/PHN competencies revisions was crafted to outline the Delphi *competency* review process. The Delphi *competency* review form included three columns with the following headings: Tier/Domain, organizational comment(s), QCC Review Team comment(s), and all supporting documents. Supporting documents included: Bloom's Taxonomy (Anderson et.al., 2001), the Core Competencies for Public Health Professionals (Council on Linkages Between Academia and Public Health Practice [CoL], 2014, June), AONE Nurse Executive and Nurse Manager Competencies (American Organization of Nurse Executives [AONE], 2015), World Health Organization (2016) Nurse Educator Core Competencies, Competencies in Occupational & Environmental Health Nursing (American Association of Occupational Health Nurses [AAOHN], 2015), Global Health Competencies (Wilson et al., 2012) and Interprofessional Global Health Competencies(Jogerst et al., 2015).

Feedback from QCC member organizations was incorporated by the Task Force. The revised draft was sent back to member organizations for the second Delphi round on March 7, 2018, with feedback due March 23, 2018. Final feedback was integrated and sent to the QCC for review and approval March 26, 2018.

Summary
The C/PHN competencies were approved by the QCC April 13, 2018. The C/PHN competencies are consistent with the definition of *Public Health Nursing* (American Public Health Association Public Health Nursing Section [APHA PHN], 2013) and the Scope and Standards of Public Health Nursing (American Nurses Association [ANA], 2013). Therefore, the competencies may be used at all

levels and in a variety of practice settings. The competencies are useful to guide and revolutionize practice, education, research, and policy at all levels.

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 (Quad Council, 2011).

The **baccalaureate degree in nursing (BSN)** is the established educational preparation for entry level C/PHN practice (ANA, 2013; ACHNE, 2009, p. 12; Quad Council, 2011). The BSN provides an essential framework of liberal arts and sciences education that serves as a foundation for PHN practice. From this framework, C/PHNs understand how personal, social, policy, economic, work, and environmental determinants affect health status of individuals, communities, and populations. BSN education prepares PHNs both didactically and clinically.

As in the previous iteration of these competencies, the Quad Council Coalition reaffirmed that a C/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 Coalition 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.

Table 1: C/PHN Competencies Tiers 1-3.

Tier 1 C/PHN Competencies	Tier 2 C/PHN Competencies	Tier 3 C/PHN Competencies
Tier 1 Core Competencies apply to generalist community/public health nurses (C/PHN) who carry out day-to-day functions in community organizations or state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the C/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 C/PHN competencies are primarily focused at the population level, C/PHNs must often apply these skills and competencies in the provision of services to individuals, families, or groups. Therefore, Tier 1 competencies reflect this practice.	**Tier 2 Core Competencies** apply to C/PHNs with an array of program implementation, management, and 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 C/PHNs at an executive or senior management level and leadership levels in public health or community organizations. In general, these competencies apply to C/PHNs who are responsible for oversight and administration of programs or operation of an organization, including setting the vision and strategy for an organization (i.e., a public health department, public health nursing division, or executive director of a non-profit community organization). 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.

Note: Levels of mastery (Tiers 1-3) within each competency will differ depending upon the professional's backgrounds, job duties, and ears of experience.

Assumptions

1. Use of the steps of the nursing process innervates public health nursing practice. Assessment, diagnosis, planning, intervention, and evaluation are foundational to all essential services.
2. The C/PHN competencies were developed to build behaviors across the three tiers. An individual in an administrative Tier 3 position, whose job description does not include Tier 1 behaviors, must understand and have mastered the proceeding competencies.
3. The competencies reflect behaviors required and relevant to the Public Health Core Functions (assessment, policy development, assurance) and the 10 Essential Services.
4. Ethics is mentioned specifically in Domains 1 & 8 and cuts across all Domains of C/PHN to decrease redundancy.
5. A recommendation from a member organization suggested that the Bloom's Taxonomy (Anderson et al., 2001) should only be used as a guide and not definitive. Verbs were used "outside of the delineated boxes" that were recommended and seemed most appropriate for the tier level.
6. When referring to the behavior of "cultural responsiveness," the term includes consideration of diversity, inclusiveness, and cultural humility.
7. The word "justice" is used broadly and refers to multiple forms of justice include but are not limited to: social, environmental, economic, occupational, and distributive.
8. The term "health care team" includes the client, caregivers, and members of the community.
9. The use of the term "evidence-based" considers knowledge from public health, public health nursing, and all disciplines. Therefore, public health nurses should consider evidence and promising practices from other disciplines.
10. The term "determinants of health" has been used and assumed to encompass; personal, social, policy, economic, work, and environmental factors that influence health status (USDHHS, 2018).

Application to Education

Nurse educators in community/public health nursing (C/PHN) must use the competencies in the planning of course descriptions and objectives for C/PHN activities. Use of the competencies guide selection of clinical sites and multi-sector collaboration that provides collaborative clinical activities for baccalaureate and graduate nursing students and practicing C/PHNs. *Critical behaviors* from each Domain are a tool for formative and summative evaluation, which provides structure and rigor to C/PHN education.

Application to Practice

The C/PHN competencies provide the knowledge, skills, and behaviors necessary to mastery of competent practice. The C/PHN competencies have relevance to all C/PHNs and the agencies that employ them. Most importantly, the C/PHN competencies provide the basis for C/PHN's efforts to meet the needs of the populations C/PHNs serve and to protect and promote the health of communities locally and globally.

The three core functions of public health (assessment, policy development, and assurance) are carried out by C/PHNs as integral members of the interprofessional teams providing the CDC's (2017) 10 essential services (Table 2) in communities and for populations. In practice, C/PHNs may not use all the competencies when carrying out the ten essential services (Table 2). However, C/PHNs will be able to identify *critical behaviors* in the C/PHN competencies that are essential to their role, regardless of practice setting.

Using self-assessment, C/PHNs need to identify *competency* gaps that reflect *critical behaviors* that they desire to master and integrate into their professional development plan. C/PHNs and agencies will also benefit from the use of these competencies when designing job descriptions, orientation plans, and performance evaluation. The C/PHN competencies are foundational to practice and complementary to the specific roles of C/PHNs across various practice settings.

Table 2: Core Functions of Public Health and 10 Essential Services.

Core Functions of Public Health	10 Essential Services
Assessment - Health needs, investigate health problems, & analyze the determinates of health (medical and non-medical)	1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community.
Policy Development - Advocate for resources to address needs, prioritize and address health needs, & plan & develop policies to address the priority health needs	3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts.
Assurance - Manage resources, implement programs to address priority health needs, evaluate how those interventions are affecting populations, & informing the community about health issues that are or could impact them and the resources available to them	6. Enforce laws and regulations that protect the health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure competent public and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.

Application to Policy

The term policy is often thought to be synonymous with legislation or judiciary action. However, policy broadly connotes an agreement on issues, goals, or a course of action by the people with the power to carry out policies and enforce them (Caplan, Ben-Moshe, & Dillon, 2013). But, who influences those with the power? Health in All Policies is a collective methodology to expand the health of all people by incorporating health considerations into decision-making activities within all sectors and policy areas (Caplan, Ben-Moshe, & Dillon, 2013). It is a framework that provides the backdrop to improve health outcomes and increase health equity through collaboration between public health practitioners and those nontraditional partners who influence the determinants of health. C/PHN are change agents practicing with a justice approach that is collaborative, promotes health and equity, and engages community gatekeepers and stakeholders in creating structural and procedural change benefiting both the population served and the health care delivery system. The C/PHN competencies set the stage for population-focused care that is inclusive of policies at all levels.

Application to Research

Research is a key component in establishing and continuing to develop the health care workforce to meet the challenges of 21st-century C/PHN services in the health care delivery system (Joyce et al., 2015). Research is the systematic investigation into and study of materials and sources to establish facts and reach new conclusions (Merriam Webster, 2018). The discovery and explanation of new knowledge gained through the use of community-based participatory research (*CBPR*) methodology is the basis for developing and sustaining systems that meet the needs of the populations served. Utilization of a standard data collection and information management system like the Omaha System (Martin, 2005) facilitates collaborative work and a common language for inter-professional practice (Joyce et al., 2015). C/PHN practice serves as an important model for the development, implementation, and evaluation of community-based programs to harness data and information that will affect meaningful community change.

Academic/practice/community partnerships must use a common language to scaffold collaborative work, such as *CBPR*. Leading and participating in *CBPR*, enhances C/PHN's visibility and value as a means to improve *population health*, the service delivery experience for individuals, families, groups and the community and reduce per capita costs (IHI, 2018).

More information about the PHN specialty is needed and who better than C/PHN to lead the charge. Heretofore, a study attempted to describe the enumeration and characterization of practicing C/PHNs (University of Michigan Center of Excellence in Public Health Workforce Studies, 2013). This study described the largest segment of the public health workforce by delineating their size, composition, educational/training background, and work roles and settings (UMCEPHWS, 2013). Also, a baseline demographic study

defined the population of academic/clinical faculty and ascertained the knowledge, skills, and attitudes of individual faculty related to the Quad Council Competencies for Public Health Nurses (2011) (Joyce et al., 2018). The further systematic investigation of the utilization of C/PHN competencies will continue to help us *benchmark* and frame C/PHN practice and education. Research can increase communication within the specialty and between professions, enhance inter-professional partnerships, provide a foundation to increase awareness of the competencies as they relate to *population health*, guide clinical practicum activities in undergraduate and graduate education, and evaluate population-focused work across education, practice, research, and policy development.

Definitions of Terms (italicized in the document)

Benchmarks - Utilized for performance management and quality improvement in C/PHN practice, education and research.

Community-Based Participatory Research (CBPR) - Combines traditional research methods with community capacity-building strategies to bridge the gap between knowledge produced through research and health care practices of the community. The community members are full partners with the researchers about the development and implementation of the study, analysis of the data, and dissemination of the findings. The essential benefit stemming from this collaboration is a deeper understanding of a community's needs (Savage, Yin, Lee, Rose, Kapesser, & Anthony, 2006). *Not to be confused with Community Based Research conducted with the community as the study setting.*

Competency – The combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success.

Complex Decision Making – Complex decision making involves considering principles & values, collecting all available qualitative and quantitative data & information, group building, using system dynamics and multiple objective optimizations to support policy analysis and systemic decision making (Quadrat-Ullah, Spector & Davidsen, 2008).

Critical Behaviors – Aspects of a job which require the most attention and are powerful assets in the pursuit of career advancement.

Critical Thinking – Includes analyzing, applying standards, discrimination, information seeking, logical reasoning, predicting and transforming knowledge (Scheffer & Rubenfeld, 2000).

Ecological Perspective – "A conceptual framework designed to draw attention to the individual (i.e., social, genetic, behavior) and environmental (i.e., live, work, play, pray) determinants of [behavior]" (McLaren & Hawe, 2005, p.9).

Informatics – "The study and use of information processes and technology in the arts, sciences, and the professions" (Nelson & Staggers, 2014, p.512).

Information Technology – "The technology involving the development, maintenance, and use of computer systems, software, and networks for the process and distribution of data" (Merriam-Webster, 2018).

Population Health – "The health outcomes of a group of individuals, including the distribution of such outcomes within a group. The focus is on trying to understand the determinants of health of populations. The overall goal of a *population health* approach is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups" (Kindig & Stoddart, 2003 p. 380; Kindig, 2007).

Public Health Nursing – "The practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving *population health* by emphasizing prevention and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice" (APHA PHN, 2013).

Public Health Nursing Diagnosis – Is the use of the nursing process within the context of placing the community or a population at the center of public health nursing practice. The focus shifts from an individual client to *individuals, families, groups, the community, or population.*

Referral – A process in which a healthcare worker has insufficient resources (i.e., drugs, equipment, skills) to manage a clinical condition. The health worker then seeks the assistance of a better or differently resourced facility at the same or higher level to assist in or take over the management of a client's case (USAID, 2013, p. v).

Domain 1: Assessment and Analytic Skills

Assessment/Analytic Skills focus on identifying and understanding data, turning data into information for action, assessing needs and assets to address community health needs, developing community health assessments, and using evidence for decision making.

1A1. Assess the health status and health literacy of individuals and families, including determinants of health, using multiple sources of data.	1B1. Assess the health status and health literacy of populations and their related determinants of health across the lifespan and wellness continuum.	1C1. Apply appropriate comprehensive, in-depth system/organizational assessments and analyses as it relates to *population health*.
1A2a. Use an *ecological perspective* and epidemiological data to identify health risks for a population. 1A2b. Identify individual and family assets, needs, values, beliefs, resources and relevant environmental factors.	1B2. Develop *public health nursing diagnoses* and program implementation plans utilizing an *ecological perspective* and epidemiological data for individuals, families, communities, and populations.	1C2a. Apply organizational and other theories to guide the development of system-wide approaches to reduce population-level health risks. 1C2b. Design systems that identify population assets and resources and relevant social, economic, and environmental factors.
1A3. Select variables that measure health and public health conditions.	1B3. Use a comprehensive set of relevant variables within and across systems to measure health and public health conditions.	1C3. Adapt a comprehensive set of relevant variables within and across systems to measure health and public health conditions.
1A4. Use a data collection plan that incorporates valid and reliable methods and instruments for collection of qualitative and quantitative data to inform the service for individuals, families, and a community.	1B4. Use steps of program planning incorporating socio-behavioral and epidemiological models and principles to collect quality quantitative and qualitative data.	1C4a. Design systems that support the collection of valid and reliable quantitative and qualitative data on individuals, families, and populations. 1C4b. Design systems to improve and assure the optimal validity, reliability, and comparability of data.
1A5. Interpret valid and reliable data that impacts the health of individuals, families, and communities to make comparisons that are understandable to all who were involved in the assessment process.	1B5. Use multiple methods and sources of data for concise and comprehensive community/population assessment that can be documented and interpreted in terms that are understandable to all who were involved in the process, including communities.	1C5a. Design systems to assure that assessments are documented and interpreted in terms that are understandable to all partners/stakeholders. 1C5b. Design data collection system that uses multiple methods and sources when collecting and analyzing data to ensure a comprehensive assessment process.

Domain 1: Assessment and Analytic Skills (Continued)

1A6. Compare appropriate data sources in a community.	1B6a. Address gaps and redundancies in data sources used in a comprehensive community/population assessment. 1B6b. Examine the effect of gaps in data on Public Health practice and program planning.	1C6a. Recognize gaps and redundancies in sources of data used in a comprehensive system/organizational assessment. 1C6b. Strategize plan with appropriate team members to address data gaps.
1A7. Contribute to comprehensive community health assessments through the application of quantitative and qualitative public health nursing data.	1B7a. Synthesize qualitative and quantitative data during data analysis for a comprehensive community/population assessment. 1B7b. Use various data collection methods and qualitative and quantitative data sources to conduct a comprehensive community/population assessment.	1C7a. Evaluate qualitative and quantitative data during data analysis for a comprehensive system/organizational assessment. 1C7b. Use multiple methods and qualitative and quantitative data sources for a comprehensive system/organizational assessment.
1A8. Apply ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.	1B8. Maximize the application of ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.	1C8a. Evaluate information disseminated to ensure it is understandable by the community and stakeholders 1C8b. Create systems that incorporate ethical, legal, and policy guidelines and principles into the collection, maintenance, use, and dissemination of data and information.
1A9. Use varied approaches in the identification of community needs (i.e., focus groups, multi-sector collaboration, SWOT analysis).	1B9. Assess the quality of various data collection methods used to conduct a comprehensive community/population assessment.	1C9. Evaluate the quality of various data collection methods used to conduct a comprehensive community/population or system/organizational assessment.
1A10. Use *information technology* effectively to collect, analyze, store, and retrieve data related to public health nursing services for individuals, families, and groups.	1B10. Identify *information technology* to effectively collect, analyze, store, and retrieve data related to planning and evaluating public health nursing services for communities and populations.	1C10a. Maximize *information technology* resources and collaboration with others in the design of data collection processes. 1C10b. Facilitate the collection, use, storage, and retrieval of data.

Domain 1: Assessment and Analytic Skills (Continued)

1A11. Use evidence-based strategies or promising practices from across disciplines to promote health in communities and populations.	1B11a. Integrate current evidence-based strategies or promising practices that address scientific, political, ethical and social issues to promote improvement in health care systems and populations. 1B11b. Use evidence-based strategies or promising practices that address scientific, political, ethical, and social public health issues to create and modify systems of care.	1C11a. Evaluate evidence-based data, programs, and strategies or promising practices to create and modify systems of care and to support strategies that address scientific, political, ethical, and social public health issues. 1C11b. Promote research and evidence-based environments.
1A12. Use available data and resources related to the determinants of health when planning services for individuals, families, and groups.	1B12. Use data related to the determinants of health and community resources to plan for, analyze, and evaluate community-oriented and population-level programs.	1C12a. Evaluate organization/system capacity to analyze the health status of the community/population effectively. 1C12b. Determine the allocation of organization/system resources to support the effective analysis of the health status of the community/population.

Domain 2: Policy Development/Program Planning Skills

Policy Development/Program Planning Skills focus on determining needed policies and programs; advocating for policies and programs; planning, implementing, and evaluating policies and programs; developing and implementing strategies for continuous quality improvement; and developing and implementing community health improvement plans and strategic plans.

2A1. Identify local, state, national, and international policy issues relevant to the health of individuals, families, and groups.	2B1. Use valid and reliable data relevant to specific populations to support policies that improve health outcomes.	2C1. Design data collection methods and processes that inform public health policy creation and modification.
2A2. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population.	2B2. Plan population-level interventions guided by policy, relevant models and research findings that impact communities and populations.	2C2. Evaluate complex policy options to plan public health services at the systems level.
2A3. Identify outcomes of health policy relevant to public health nursing practice for individuals, families, and groups.	2B3. Use policy analysis methods to align with public health nursing practice and public health issues.	2C3. Plan methods of policy analysis to address specific public health and systems issues and to influence public health nursing practice.
2A4a. Provide information that will inform policy decisions. 2A4b. Implement programs and services based on policy decisions.	2B4. Use existing concepts, models, theories, policy and evidence to plan, conduct and evaluate population-level interventions to address specific public health issues.	2C4. Use existing models and evidence to develop policies for public health systems within the framework (i.e., Board of Health, County Commissioners, City Council, Advisory Boards) of the organization's governing body.
2A5. Use organizations strategic plans and decision-making methods in the development of program goals and objectives for individuals, families, and groups.	2B5a. Select appropriate methods of decision analysis to address public health issues relevant to an identified group, community, or population. 2B5b. Use planning models, epidemiology, and other analytical methods in the development, implementation, and evaluation of population-level interventions.	2C5a. Create a system of decision analysis using the strengths and appropriateness of various policy models and methods. 2C5b. Evaluate health and public policy to address current and emerging public health problems and issues. 2C5c. Advocate for the role of public health in providing *population health* services.
2A6a. Demonstrate knowledge of laws and regulation relevant to public health nursing services. 2A6b. Plan public health nursing services consistent with laws and regulations.	2B6a. Analyze compliance with public health laws and regulations at the programmatic level. 2B6b. Assure compliance with public health laws and regulation in the planning and evaluation of community/population-based health services.	2C6a. Design public health programs and services consistent with laws and regulations. 2C6b. Justify public health programs and services to improve community/*population health*.

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

2A7. Function as a team member in developing organizational plans while assuring compliance with established policies and program implementation guidelines.	2B7. Develop plans to implement programs and organizational policies through interprofessional teamwork to accomplish community/population level interventions.	2C7a. Implement a system(s) for monitoring the effectiveness and efficiency of policies and programs. 2C7b. Assume leadership of an interprofessional team to implement health policy in *population health* interventions and health systems operations.
2A8. Comply with organizational procedures and policies.	2B8. Manage programs in areas of responsibility while implementing organizational policies.	2C8. Administer the implementation of organizational policy throughout the organization.
2A9. Use program planning skills and *CBPR* (i.e., collaboration, reflection, capacity building) to implement strategies to engage marginalized/disadvantaged population groups in making decisions that affect their health and well-being.	2B9. Conduct an evaluation plan that includes process and outcome measures, multiple data collection methods, provides a feedback loop on programs and incorporates *information technology* for data collection, monitoring, and evaluation of service delivery to communities and populations.	2C9a. Evaluate overall effectiveness, quality, and sustainability of programs. 2C9b. Design systems-level quality initiatives and evaluation plans that foster program sustainability. 2C9c. Incorporate quality and cost measures for agency program evaluation. 2C9d. Identify resources that support quality improvement and program evaluation. 2C9e. Promote the use of technology to improve the evaluation of program quality and effectiveness.
2A10. Apply methods and practices to access public health information for individuals, families, and groups.	2B10a. Identify a variety of sources and methods to access public health information for community or population health program planning. 2B10b. Use technology to collect data to monitor and evaluate the quality and effectiveness of programs for populations.	2C10a. Recommend technologies for identification and use with communities and populations. 2C10b. Use technology to collect data to monitor and evaluate the quality and effectiveness of programs and systems.
2A11. Participate in quality improvement teams by using quality indicators and core measures to identify and address opportunities for improvement in services for individuals, families, and groups.	2B11. Develop quality improvement indicators and core measures as part of the process to enhance public health programs and services.	2C11. Adapt organizational and system-wide strategies for continuous quality improvement and performance management.

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

2A10. Apply methods and practices to access public health information for individuals, families, and groups.	2B10a. Identify a variety of sources and methods to access public health information for community or population program planning. 2B10b. Use technology to collect data to monitor and evaluate the quality and effectiveness of programs for populations.	2C10a. Recommend technologies for identification and use with communities and populations. 2C10b. Use technology to collect data to monitor and evaluate the quality and effectiveness of programs and systems.
2A11. Participate in quality improvement teams by using quality indicators and core measures to identify and address opportunities for improvement in services for individuals, families, and groups.	2B11. Develop quality improvement indicators and core measures as part of the process to enhance public health programs and services.	2C11. Adapt organizational and system-wide strategies for continuous quality improvement and performance management.

Domain 3: Communication Skills

Communication Skills focus on assessing and addressing population literacy; soliciting and using community input; communicating data and information; facilitating communications; and communicating the roles of government, health care, and others.

3A1. Determine the health, literacy, and the health literacy of the population served to guide health promotion and disease prevention activities.	3B1. Design health promotion and disease prevention educational programs based upon the literacy level of the population served.	3C1. Adapt health literacy principles into all organizational communications to support the needs of resources of those receiving health information.
3A2. Apply *critical thinking* and cultural awareness to all communication modes (i.e., verbal, non-verbal, written & electronic) with individuals, the community, and stakeholders.	3B2. Use critical thinking and *complex decision making* in all communication modes with the community, organizations, stakeholders, and funders.	3C2. Communicate critical thinking and *complex decision making* at the systems level utilizing all types of communication modes.
3A3. Use input from individuals, families, and groups when planning and delivering health care programs and services.	3B3. Evaluate input from community /population members and stakeholders when planning health care programs and services.	3C3. Design strategies to solicit and evaluate input from diverse organizational partners, stakeholders, vulnerable and marginalized populations when planning health care programs and services.
3A4. Use a variety of methods to disseminate public health information to individuals, families, and groups within a population.	3B4. Maximize a variety of methods to disseminate public health information tailored to communities/ populations.	3C4. Use systems level methods, based on appropriate literacy level to varying audiences, to widely disseminate public health information, influence behavior, and improve health.
3A5a. Create a presentation of targeted health information. 3A5b. Communicate information to multiple audiences including groups, peer professionals, and agency peers.	3B5. Evaluate the effectiveness of presentations of targeted health information to multiple audiences, including community and professional groups.	3C5a. Model presentation of targeted health information to multiple audiences, as well as to a variety of organizations. 3C5b. Support other public health professionals as they develop presentation/dissemination skills.

Domain 3: Communication Skills (Continued)

3A6. Use communication models to communicate with individuals, families, and groups effectively and as a member of the interprofessional team(s) or interdisciplinary partnerships.	3B6. Determine effective communication with community, groups, interdisciplinary partners, and inter-professional teams.	3C6a. Maximize effective communication with systems leaders and key stakeholders 3C6b. Model effective communications as member or leader of inter-professional teams and interdisciplinary partnerships, both internally and externally.
3A7. Describe the role of public health nursing to internal and external audiences.	3B7. Summarize the role of public health and public health nursing within the overall health system to internal and external audiences.	3C7. Evaluate system/organizational capacity to articulate and support the expansive roles of public health nurses and public health.
3A8. Apply communication techniques and models when interacting with peers and other healthcare team members including conflict management.	3B8. Support communication techniques and models when interacting with peers and other healthcare team members including conflict management.	3C8a. Apply communication techniques and models to managing staff, motivating personnel, and resolving conflicts within the organization/system 3C8b. Generate communication policies and procedures that support conflict management throughout the organization/system.

Domain 4: Cultural Competency Skills

Cultural Competency Skills focus on understanding and responding to diverse needs, assessing organizational cultural diversity and competence, assessing effects of policies and programs on different populations, and taking action to support a diverse public health workforce.

4A1. Use determinants of health effectively when working with diverse individuals, families, and groups.	4B1. Apply determinants of health to develop culturally responsive interventions with communities and populations.	4C1a. Assure recognition and respect for diversity in the organizational structure. 4C1b. Support the dynamic nature of a diverse workforce and the necessity for on-going responsiveness to the changing needs of diverse populations.
4A2. Use data, evidence and *information technology* to understand the impact of determinants of health on individuals, families, and groups.	4B2a. Use epidemiological data, concepts, and other evidence to analyze the determinants of health when developing and tailoring population-level health services. 4B2b. Apply multiple methods and sources of *information technology* to understand better the impact of the determinants of health has on communities and populations.	4C2a. Develop systems-level health programs using knowledge of determinants of health. 4C2b. Support the use of *CBPR* and other methods to measure and evaluate the effectiveness of population-level health services and programs, strategies for reducing the impact of determinants of health. 4C2c. Prioritize access to technology that provides information in determining the delivery of public health services (i.e., cultural, social, economic, environmental & behavioral factors).
4A3. Deliver culturally responsive public health nursing services for individuals, families, and groups.	4B3a. Plan for health services delivery that integrates cultural perceptions of health and disease and addresses the needs of culturally diverse populations. 4B3b. Use evidence-based models or promising practices to enhance the organization's cultural competence. 4B3c. Evaluate organizational/system adherence to standards, policies, and practices for cultural competence.	4C3. Determine the effectiveness of culturally responsive public health services at the systems level.

Domain 4: Cultural Competency Skills (Continued)		
4A4. Explain the benefits of a diverse public health workforce that supports a just and civil culture.	4B4. Advocate building a diverse public health workforce that supports a just and civil culture.	4C4. Create actions that foster a diverse public health workforce that supports a just and civil culture.
4A5. Demonstrate the use of evidence-based cultural models in a work environment when providing services to individuals, families, and groups.	4B5a. Use cultural models and evidence to tailor and evaluate interventions and programs for diverse populations. 4B5b. Evaluate staff development needs related to cultural diversity.	4C5a. Use evidence-based models to enhance the organization's cultural competence. 4C5b. Evaluate organizational/system processes for adherence to standards, policies, and practices for cultural competence.

Domain 5: Community Dimensions of Practice Skills

Community Dimensions of Practice Skills focus on evaluating and developing linkages and relationships within the community, maintaining and advancing partnerships and community involvement, negotiating for the use of community assets, defending public health policies and programs, and evaluating & improving the effectiveness of community engagement.

5A1a. Use assessments, develops plans, implements, and evaluates interventions for public health services for individuals, families and groups. 5A1b. Assist individuals, families, and groups to identify and access necessary community resources or services through the *referral* and follow-up process.	5B1. Use a systematic process to direct assessments, plans, interventions, and evaluations of public health services for communities, populations, and programs.	5C1. Use community linkages and inter-professional relationships within and across organizations and systems to communicate results of assessments, proposed plans, interventions, and evaluations of public health services.
5A2. Use formal and informal relational networks among community organizations and systems conducive to improving the health of individuals, families, and groups within communities.	5B2. Use formal and informal relational networks among community organizations and systems conducive to improving the health within programs, communities, and populations.	5C2. Create internal and external organizational relationships, processes, and system improvements to enhance the health of populations.
5A3a. Select stakeholders needed to address public health issues impacting the health of individuals, families, and groups within the community. 5A3b. Function effectively with key stakeholders in activities that facilitate community involvement and delivery of services to individuals, families, and groups.	5B3a. Organize stakeholders required to create community groups/coalitions in the community to address public health issues impacting *population health*. 5B3b. Function effectively with key stakeholders and groups in activities that facilitate community involvement and delivery of services to communities, populations, and programs.	5C3a. Create strategies that enhance collaboration within and across systems and organizations to address *population health* issues. 5C3b. Maximize collaboration with key stakeholders and groups within and across systems and organizations to enhance the health of a population. 5C3c. Evaluate the effectiveness of collaborative relationships and partnerships within organizations and systems.

Domain 5: Community Dimensions of Practice Skills (Continued)

5A4. Build stakeholder capacity to advocate for the health issues of individuals, families, and groups.	54Ba. Utilize effective partnerships with key stakeholders and groups to promote health within programs, communities, and populations. 54Bb. Interpret the role of government and the private and non-profit sectors in the delivery of community health services to community groups and partners.	5C4a. Formulate strategies (including documentation) for ongoing and meaningful community involvement in activities addressing *population health* issues within and across systems and organizations. 5C4b. Influence the role of government, the private sector, and non-profit sectors in the delivery of community health services.
5A5. Use community assets and resources, including the government, private, and non-profit sectors, to promote health and to deliver services to individuals, families, and groups.	5B5. Use community assets and resources, including those of government, private, and non-profit sectors, to promote health within programs, communities, and populations.	5C5. Develop community assets and resources, including seeking needed resources, to improve the health status of communities and populations health issues within and across systems and organizations.
5A6. Use input from varied sources to structure public health programs and services for individuals, families, and groups.	5B6. Use input from a variety of community and aggregate stakeholders in the development of public health programs and services for communities and populations.	5C6. Maximize the inclusion of input from the communities served when developing public health policies, programs, and services.
5A7a. Interview individuals, families, and groups to identify community resource preferences. 5A7b. Build preferences into public health services. 5A7c. Identify opportunities for individuals, families, and groups to link with advocacy organizations.	5B7. Assume leadership in advocacy efforts for public health policies, programs, and resources that enhance services to communities and populations.	5C7a. Influence policies, programs, and resources within and between organizations and systems that improve health in a community or population. 5C7b. Influence public health priorities that improve *population health* and impact healthcare systems through leadership and advocacy efforts.
5A8. Identify evidence of the effectiveness of community engagement strategies on individuals, families, and groups.	5B8. Evaluate the effectiveness of community engagement strategies on communities and populations.	5C8. Appraise the effectiveness of community engagement strategies on public health policies, programs, services, and resources.

Domain 6: Public Health Sciences Skills

Public Health Sciences Skills focus on understanding the foundation and prominent events of public health, applying public sciences to practice, critiquing and developing research, using evidence when developing policies and programs, and establishing academic partnerships.

6A1. Use the determinants of health and evidence-based practices from public health and nursing science, when planning health promotion & disease prevention interventions for individuals, families, and groups.	6B1. Use public health and nursing science in practice at community and populations level.	6C1. Use expertise in public health and nursing sciences in the design of public health nursing programs and practice environments.
6A2a. Determine the relationship between access to clean, sustainable water, sanitation, food, air, and energy quality on individual, family, and *population health*. 6A2b. Assess hazards and threats to individuals, families, and populations and reduce their risk of exposure and injury in natural and built environments (i.e., chemicals and products).	6B2a. Maximize community partnerships that support clean, sustainable water, sanitation, food, air, and energy quality of the community. 6B2b. Identify hazards and threats to communities and reduce the risk of exposure and injury in natural and built environments (i.e., chemicals and products).	6C2a. Maximize organizational programs that ensure access to clean water, sanitation, food, air, and energy quality of the community. 6C2b. Plan interventions that address hazards and threats to communities and reduce the risk of exposure and injury in natural and built environments (i.e., chemicals and products).
6A3. Use evidence-based practice in population-level programs to contribute to meeting core public health functions and the 10 essential public health services.	6B3. Analyze contribution of evidence-based practice in population-level programs in meeting core public health functions and the 10 essential public health services.	6C3. Appraise organization's contribution to meeting the core public health functions and the 10 essential public health services using epidemiology and other methods.
6A4. Participate in research activities impacting the health of populations.	6B4a. Support research across disciplines related to public health priorities and population-level interventions. 6B4b. Support research activities within the organization.	6C4a. Maximize organizational effectiveness by translating research into practice. 6C4b. Assure programs and policies are based on current research and evidence-based practice.

Domain 6: Public Health Sciences Skills (Continued)

6A5. Use a wide variety of sources and methods to access public health information (i.e., GIS mapping, Community Health Assessment, local/state/and national sources).	6B5. Examine gaps in public health *informatics* related to public health priorities and population-level interventions.	6C5. Support, as an expert resource for others, the identification and use of public health *informatics*.
6A6a. Use research to inform the practice of public health nursing. 6A6b. Identify gaps in research evidence that impacts public health nursing practice	6B6a. Examine gaps and inconsistencies in research evidence for practice 6B6b. Choose peer-reviewed journals and national-level meetings for dissemination of theory-guided and evidence-based practice outcomes.	6C6a. Plan with academic partners, internal and external stakeholders, and other public health professionals to address limitations of research findings. 6C6b. Develop new approaches to theory-guided and evidence-based practice in public health. 6C6c. Evaluate theory-guided and evidence-based practice in public health. 6C6d. Decide dissemination methods of new evidence-based practices in public health.
6A7. Demonstrate compliance with the requirements of patient confidentiality and human subject protection.	6B7. Apply the requirements of patient confidentiality, human subject protection, and research ethics into data collection and processing.	6C7. Support, as an expert, the design of data collection methods that incorporate the requirements of patient confidentiality, human subject protection, and research ethics.
6A8. Model public health science skills when working with individuals, families, and groups.	6B8. Support acquisition and integration of public health science skills.	68C. Create partnerships with academic and other organizations to expand the public health science base and disseminate research findings.

Domain 7: Financial Planning, Evaluation, and Management Skills

Financial Planning and Management Skills focus on engaging other government agencies that can address community health needs, leveraging public health and health care funding mechanisms, developing and defending budgets, motivating personnel, evaluating and improving program and organization performance, and establishing and using performance management systems to improve organization performance.

7A1. Explain the interrelationships among local, state, tribal, and federal public health and healthcare systems.	7B1a. Provide leadership for the coordination of health programs. 7B1b. Maximize implementation of judicial and operational health programs within federal, state, tribal, and local public health agencies. 7B1c. Develop collaborations with relevant public and private systems for managing programs in public health.	7C1a. Develop health programs within federal, state, tribal, and local public health agencies. 7C1b. Identify potential funding sources and support to meet community and *population health* needs. 7C1c. Use relationships to form alliances across public and private healthcare systems that advance *population health*.
7A2. Explain the public health nurse's role in emergency preparedness and disaster response during public health events (i.e., infectious disease outbreak, natural or made-made disasters).	7B2. Develop 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.	7C2. Demonstrate 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.
7A3. Implement operational procedures for public health programs and services.	7B3. Translate statutes and operational procedures of governing bodies and administrative units designated for oversight of public health organizational operations.	7C3. Prioritize the implementation of statues and operational procedures of the governing bodies and administrative unit designated with oversight of public health organizational operations.
7A4a. Demonstrate knowledge of funding streams to support programs. 7A4b. Select the data for inclusion in a programmatic budget.	7B4a. Develop strategies for determining programmatic budget priorities based on program outcomes, stakeholder, cost-analysis & financial input from federal, state, tribal, and local sources. 7B4b. Develop a programmatic budget using available data. 7B4c. Monitor budgets based on program requirements.	7C4a. Recommend strategies for determining budget priorities. 7C4b. Develop an organization-wide budget to provide resources to meet the needs of patient, family, community to achieve desired outcomes.

Domain 7: Financial Planning, Evaluation, and Management Skills (Continued)

7A5. Interpret the impact of budget constraints on the delivery of public health nursing services to individuals, families, and groups.	7B5. Adapt delivery of services to communities/populations within current and forecasted budget constraints.	7C5. Manage the delivery of agency services within current and forecasted budget constraints.
7A6. Explain implications of organizational budget priorities on individual, groups, and communities.	7B6. Develop strategies for determining budget priorities based on financial input from federal, state, tribal, and local sources.	7C6. Defends an organization-wide budget to provide resources to improve *population health*.
7A7. Explain public health nursing services and programmatic needs to inform budget priorities.	7B7a. Assess the impact of organizational budget priorities on public health nursing programs and services based on historical data and outcomes. 7B7b. Establish organizational public health nursing resources that assure effective services.	7C7. Evaluate the impact of organizational budget priorities on practice and public health systems.
7A8a. Identify data to evaluate services for individuals, families, and groups. 7A8b. Contribute to the evaluation plan for public health nursing services targeting individuals, families, and groups.	7B8. Design implementation and evaluation plans for population-focused programs.	7C8. Use evaluation results of population-focused programs at the organizational level for quality, effectiveness, efficiency, safety, and sustainability.
7A9. Deliver public health nursing services to individuals, families, and groups based on reported evaluation results.	7B9a. Examine revisions to population-focused programs and services based on formative process and summative evaluation results. 7B9b. Use continuous quality improvement models when managing operational and programmatic change.	7C9. Develop evaluation systems about change strategies.
7A10. Provide input into the fiscal and narrative components of proposals.	7B10a. Develop detailed project proposals and reports for grants and other outside funding sources. 7B10b. Appraise external sources of funding proposals.	7C10a. Select proposals for submission to external funding sources and monitors through the implementation of appropriate financial management systems. 7C10b. Ensure accurate accounting of transactions supported by source documents to establish a sound track record for future funding opportunities.

Domain 7: Financial Planning, Evaluation, and Management Skills (Continued)

7A11. Use public health *informatics* skills pertaining to public health nursing services of individuals, families & groups.	7B11. Identify opportunities to use public health *informatics* skills to improve public health programs and business operations.	7C11a. Design system-wide utilization of public health *informatics*. 7C11b. Prioritize system-wide uptake of public health *informatics*.
7A12. Provide input for contracts and other agreements for the provision of public health services.	7B12. Develop contracts and other agreements for the provision of public health services.	7C12. Prioritize and approves contracts and other agreements for the provision of public health services.
7A13. Organize public health nursing services and programs for individuals, families, and groups within budgetary guidelines.	7B13a. Determine which fiscal management technique (i.e., cost-effectiveness, cost-benefit, cost-utility, return on investment or risk management analysis) applies to public health nursing services and programs. 7B13b. Apply fiscal management techniques for programmatic prioritization and decision making.	7C13. Evaluate available financial analyses in decision making and prioritizing programs across organizations and systems.
7A14a. Participate in the implementation of the organization's performance management system. 7A14b. Use self-reflection to identify one's performance in the organization's performance management system. 7A14c. List contributions to the organization's performance management system.	7B14a. Utilize data and information to improve organizational processes and performance. 7B14b. Use self-reflection to identify strategies to support others' contributions to the organization's performance management system.	7C14a. Establish a performance management system. 7C14b. Use self-reflection and insights gained to inform performance management improvement at the organizational and or systems level.

Domain 8: Leadership and Systems Thinking Skills

Leadership and Systems Thinking Skills focus on incorporating ethical standards into the organization; creating opportunities for collaboration among public health, healthcare, and other organizations; mentoring personnel; adjusting practice to address changing needs and environment; ensuring continuous quality improvement; managing organizational change; and advocating for the role of governmental public health.

8A1. Demonstrate ethical standards of practice in all aspects of public health and public health nursing as the basis of all interactions with individuals, communities, and organizations.	8B1a. Interpret public health and public health nursing ethical issues related to the public health nursing services of communities and populations. 8B1b. Recommend a course of action in response to identified ethical issues.	8C1a. Use ethical standards of practice as the basis of all interactions with organizations, communities, and individuals. 8C1b. Influence the adherence to public health and public health nursing ethical standards in all interactions with individuals, communities, and organizations.
8A2. Apply systems thinking to public health nursing practice with individuals, families, and groups.	8B2. Apply system thinking to public health nursing practice with communities and populations.	8C2a. Evaluate new approaches to public health practice that integrate organizational and systems thinking. 8C2b. Propose innovations in public health practice that integrate organizational and systems thinking.
8A3. Participate in stakeholder meetings to identify a shared vision, values, and principles for community action.	8B3. Influence team and community partners in identifying a shared vision, values, and principles for community action.	8C3a. Create meaningful opportunities for partnerships with stakeholders to determine key values and shared vision as guiding principles for community action. 8C3b. Make use of a shared vision, values, and principles across the organization and healthcare system for community action.

Domain 8: Leadership and Systems Thinking Skills (Continued)

8A4a. Identify internal and external factors affecting public health nursing practice and opportunities for interprofessional collaboration. 8A4b. Explain environmental hazards and emergency preparedness to protect individuals, families, and groups. 8A4c. Respond to environmental hazards to protect individuals, families, and groups.	8B4a. Analyze internal and external factors that may impact the delivery of essential public health services. 8B4b. Assure quality and coordination in the delivery of public health nursing services. 8B4c. Demonstrate capacity to determine community public health emergency preparedness needs and organize response activities.	8C4a. Design strategies that address internal and external factors that impact the delivery of essential public health services. 8C4b. Use systems that assure quality, collaboration, and coordination in the delivery of essential public health services. 8C4c. Build functional capabilities of public health emergency preparedness across community sectors.
8A5. Use individual, team, and organizational learning opportunities for personal and professional development as a public health nurse.	8B5. Determine inter-professional team and organizational learning opportunities to encourage ongoing staff development.	8C5. Support development of learning opportunities at the levels of individual, inter-professional team, and organization.
8A6. Model personal commitment to lifelong learning, professional development, and advocacy.	8B6. Determine opportunities to mentor, advice, coach, and develop peers, direct reports, and other members of the public health workforce.	8C6. Create opportunities for mentoring, peer advising, coaching, and professional development systems for the public health workforce.
8A7. Identify organizational quality improvement initiatives that provide opportunities for improvement in public health nursing practice.	8B7a. Use evidence-based models to design and implement quality initiatives. 8B7b. Monitor programmatic performance.	8C7a. Design systems to measure, report, and improve quality of services and organizational performance. 8C7b. Maintain systems to measure, report, and improve quality of services and organizational performance.
8A8. Facilitate the development of interprofessional teams and workgroups.	8B8. Develop interprofessional team-oriented structures and systems to advance organizational mission and vision.	8C8. Adapt organizational infrastructure and implement system changes to facilitate interprofessional team development.

Domain 8: Leadership and Systems Thinking Skills (Continued)		
8A9. Interpret organization dynamics of collaborating agencies.	8B9. Influence identification of shared and complementary mission and vision.	8C9a. Function as chief public health strategist, assuring that all relevant partners work in collaboration to drive prevention initiatives. 8C9b. Create common-values based approach with ethical standards across systems.
8A10a. Provide feedback on the organization's mission and vision and the impact on individuals, families, and groups. 8A10b. Influence others to provide feedback on the organization's mission and vision and the impact on individuals, families, and groups.	8B10. Influence the reassessment and adaptation of mission and vision.	8C10. Facilitate strategies that reassess the organization's mission and vision and adaptation within the system.
8A11. Select advocacy strategies to address the needs of diverse and underserved population.	8B11. Determine key stakeholders (i.e., political, community, informal and informal leaders, and funders/donors) and resources necessary for collective impact on improving the health of diverse and underserved populations.	8C11a. Evaluate strategies to achieve national, state and local health goals and objectives. 8C11b. Create advocacy strategies at the organizational and systems levels to address the health of populations.
8A12. Identify organizational policies and procedures that meet practice and public health accreditation requirements.	8B12. Analyze evidence demonstrating adherence to public health accreditation and practice standards in program planning and evaluation, staff development, interprofessional teamwork, and other organizational activities.	8C12. Create policies, processes, and systems within the organization to maintain standards in practice and accreditation.
8A13. Influence health as a shared value through community engagement and inclusion of individuals, families, and groups.	8B13. Influence health as a shared value through community engagement and inclusion of communities and populations.	8C13. Influence health as a shared value through community engagement at the organizational and systems level.

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Appendix A

C/PHN Competency Evaluation Tool

Introduction

This evaluation tool has been developed as a template to apply Tier 1 C/PHN competencies to practice & education and for stimulating research activities. Critical behaviors for each Domain have been identified but only as an example to enhance initial use and stimulate related activities as policy development, research activities, and educational initiatives. The committee only identified six competencies as critical behaviors for each Domain. Extra competencies may be added to reflect specific job descriptions as desired or the tool may be adapted to fit the needs of the organization. An additional optional section was developed related to professional behavior, which may also be adapted as desired.

Name   _____   ☐ Formative   ☐ Summative

Directions: Rate each practice objective using the following scale:

- **Satisfactory (S):** Safe performance, demonstrates expected skills, and application of nursing principles.
- **Needs Improvement (NI):** Does not consistently perform at a satisfactory level in practice behavior.
- **Unsatisfactory (U):** Performance is inadequate, indicates lack of skill, unsafe nursing practice, inadequate depth of knowledge, or application of nursing principles. Functions below expectations of a nurse at this level.

CLINICAL OBJECTIVE	RATING	EXAMPLES TO SUPPORT RATING
I. Assessment Analytic Skills:		
1. Assess the health status and health literacy of individuals and families, including determinants of health, using multiple sources of data. (1A1)	☐ S ☐ NI ☐ U	
2. Use an ecological perspective and epidemiological data to identify health risks for a population. (1A2a)	☐ S ☐ NI ☐ U	
3. Interpret valid and reliable data that impacts the health of individuals, families, and communities to make comparisons that are understandable to all who were involved in the assessment process. (1A5)	☐ S ☐ NI ☐ U	
4. Contribute to comprehensive community health assessments through the application of quantitative and qualitative public health nursing data. (1A7)	☐ S ☐ NI ☐ U	
5. Apply ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information. (1A8)	☐ S ☐ NI ☐ U	
6. Use evidence-based strategies or promising practices from across disciplines to promote health in communities and populations. (1A11)	☐ S ☐ NI ☐ U	
II. Policy Development and Program Planning Skills:		
1. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population. (2A2)	☐ S ☐ NI ☐ U	
2. Use organizations strategic plans and decision-making methods in the development of program goals and objectives for individuals, families, and groups. (2A5).	☐ S ☐ NI ☐ U	
3. Plan public health nursing services consistent with laws and regulations. (2A6b)	☐ S ☐ NI ☐ U	

11. Function as a team member in developing organizational plans while assuring compliance with established policies and program implementation guidelines. (2A7)	☐ S ☐ NI ☐ U	
12. Comply with organizational procedures and policies. (2A8)	☐ S ☐ NI ☐ U	
13. Use program planning skills and *CBPR* (i.e., collaboration, reflection, capacity building) to implement strategies to engage marginalized/disadvantaged population groups in making decisions that affect their health and well-being. (2A9)	☐ S ☐ NI ☐ U	
III. Communication Skills:		
1. Determine the health, literacy, and the health literacy of the population served to guide health promotion and disease prevention activities. (3A1)	☐ S ☐ NI ☐ U	
2. Apply critical thinking and cultural awareness to all communication modes (i.e., verbal, non-verbal, written & electronic) with individuals, the community, and stakeholders. (3A2)	☐ S ☐ NI ☐ U	
3. Use input from individuals, families, and groups when planning and delivering health care programs and services. (3A3)	☐ S ☐ NI ☐ U	
4. Use a variety of methods to disseminate public health information to individuals, families, and groups within a population. (3A4)	☐ S ☐ NI ☐ U	
5. Create a presentation of targeted health information. Communicate information to multiple audiences including groups, peer professionals, and agency peers. (3A5a & b)	☐ S ☐ NI ☐ U	
6. Use communication models to communicate with individuals, families, and groups effectively and as a member of the interprofessional team(s) or interdisciplinary partnerships. (3A6)	☐ S ☐ NI ☐ U	
IV. Cultural Competency Skills:		
1. Use determinants of health effectively when working with diverse individuals, families, and groups. (4A1)	☐ S ☐ NI	

	☐ **U**	
2. Deliver culturally responsive public health nursing services for individuals, families, and groups. (4A3)	☐ **S** ☐ **NI** ☐ **U**	
3. Demonstrate the use of evidence-based cultural models in a work environment when providing services to individuals, families, and groups. (4A5)	☐ **S** ☐ **NI** ☐ **U**	
V. Community Dimensions of Practice Skills:		
1. Use formal and informal relational networks among community organizations and systems conducive to improving the health of individuals, families, and groups within communities. (5A2)	☐ **S** ☐ **NI** ☐ **U**	
2. Select stakeholders needed to address public health issues impacting the health of individuals, families, and groups within the community. (5A3a)	☐ **S** ☐ **NI** ☐ **U**	
3. Use community assets and resources, including the government, private, and non-profit sectors, to promote health and to deliver services to individuals, families, and groups. (5A5)	☐ **S** ☐ **NI** ☐ **U**	
4. Use input from varied sources to structure public health programs and services for individuals, families, and groups. (5A6)	☐ **S** ☐ **NI** ☐ **U**	
5. Identify evidence of the effectiveness of community engagement strategies on individuals, families, and groups. (5A8)	☐ **S** ☐ **NI** ☐ **U**	
VI. Public Health Sciences Skills:		
1. Use the determinants of health and evidence-based practices from public health and nursing science, when planning health promotion & disease prevention interventions for individuals, families, and groups. (6A1)	☐ **S** ☐ **NI** ☐ **U**	
2. Assess hazards and threats to individuals, families, and populations and reduce their risk of exposure and injury in natural and built environments (i.e., chemicals and products). (6A2b)	☐ **S** ☐ **NI** ☐ **U**	

3. Use evidence-based practice in population-level programs to contribute to meeting core public health functions and the 10 essential public health services. (6A3)	☐ S ☐ NI ☐ U	
4. Use a wide variety of sources and methods to access public health information (i.e., GIS mapping, Community Health Assessment, local/state/and national sources). (6A5)	☐ S ☐ NI ☐ U	
5. Use research to inform the practice of public health nursing. (6A6a)	☐ S ☐ NI ☐ U	
6. Demonstrate compliance with the requirements of patient confidentiality and human subject protection. (6A7)	☐ S ☐ NI ☐ U	
VII. Financial Planning and Management and Planning Skills:		
1. Explain the public health nurse's role in emergency preparedness and disaster response during public health events (i.e., infectious disease outbreak, natural or made-made disasters). (7A2)	☐ S ☐ NI ☐ U	
2. Interpret the impact of budget constraints on the delivery of public health nursing services to individuals, families, and groups. (7A5)	☐ S ☐ NI ☐ U	
3. Explain implications of organizational budget priorities on individual, groups, and communities. (7A6)	☐ S ☐ NI ☐ U	
4. Explain public health nursing services and programmatic needs to inform budget priorities. (7A7)	☐ S ☐ NI ☐ U	
5. Identify data to evaluate services for individuals, families, and groups. (7A8a)	☐ S ☐ NI ☐ U	
6. Use public health informatics skills pertaining to public health nursing services of individuals, families & groups. (7A11)	☐ S ☐ NI ☐ U	

VIII.	Leadership and Systems Thinking Skills:		
1.	Demonstrate ethical standards of practice in all aspects of public health and public health nursing as the basis of all interactions with individuals, communities, and organizations. (8A1)	☐ S ☐ NI ☐ U	
2.	Apply systems thinking to public health nursing practice with individuals, families, and groups. (8A2)	☐ S ☐ NI ☐ U	
3.	Participate in stakeholder meetings to identify a shared vision, values, and principles for community action. (8A3)	☐ S ☐ NI ☐ U	
4.	Identify internal and external factors affecting public health nursing practice and opportunities for interprofessional collaboration. (8A4a)	☐ S ☐ NI ☐ U	
5.	Model personal commitment to lifelong learning, professional development, and advocacy. (8A6)	☐ S ☐ NI ☐ U	
6.	Facilitate the development of interprofessional teams and workgroups. (8A8)	☐ S ☐ NI ☐ U	

Professional Conduct:		
1. Demonstrate professional accountability in the practice setting.	☐ S ☐ NI ☐ U	
2. Demonstrate willingness and ability to care for individuals, families, and communities.	☐ S ☐ NI ☐ U	

3. Arrive to practice on time and fully prepared.	☐ S ☐ NI ☐ U	
4. Strictly adhere to professional nursing standards of confidentiality, ethical principles and practice, and communication.	☐ S ☐ NI ☐ U	
5. Maintain a professional appearance at all times.	☐ S ☐ NI ☐ U	
6. Exhibit evidence-based practice in the clinical area.	☐ S ☐ NI ☐ U	
7. Demonstrate proficiency in basic nursing skills (vital signs, physical assessment, environmental assessment, communication, hand-offs).	☐ S ☐ NI ☐ U	
8. Works cooperatively within and without the practice team.	☐ S ☐ NI ☐ U	
9. Accepts constructive feedback from practice supervisor, agency staff, and peer group members.	☐ S ☐ NI ☐ U	
10. Actively engages in joint projects by meeting all group commitments.	☐ S ☐ NI ☐ U	
11. Consistently follows direction of practice supervisor and/or agency staff.	☐ S ☐ NI ☐ U	
12. Consistently demonstrates the ability to reflect on individual and professional strengths, role, and scope of practice.	☐ S ☐ NI ☐ U	
13. Seeks/uses/provides advice and consultation when needed.	☐ S	

	☐ NI ☐ U	
14. Consistently establishes inter- and/or intraprofessional contacts.	☐ S ☐ NI ☐ U	
15. Contributes ideas to the care planning of colleagues.	☐ S ☐ NI ☐ U	
16. Works effectively within the interprofessional team.	☐ S ☐ NI ☐ U	

Supervisor Signature: _____ Date: _____

Nurse Signature: _____   Date: _____

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