USING CORE COMPETENCIES IN COMMUNITY PUBLIC HEALTH NURSING PRACTICE

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• If you have a question for the presenter:
  • Type it in the Question Window on the right side of your screen
  • Click on “send privately” button
  • Please refrain from sending messages to “entire audience” during the presentation
  • Questions will be answered at the end of the session in the order in which they are received

Disclosures

• The presenters and planners of this educational activity have no conflict of interest and have not received any financial support for any part of the planning of this presentation.
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• In order to successfully complete the education activity and receive 1.00 nursing contact hour, webinar APHN members must attend the entire “Live” presentation and complete the online course evaluation which will be emailed to APHN members and NC Public Health Nurses who were on the “Live” webinar.

• Continuing education credit will only be provided to those APHN members and NC Public Health Nurses who attend the entire educational activity on 01/17/17 and complete the evaluation form within 30 days following the “live” presentation.

• The webinar will be archived and slides will be posted on the members section of the APHN website www.phnurse.org
Continuing education credit will be provided through the Public Health Nursing and Professional Development Unit.

The Public Health Nursing and Professional Development Unit, North Carolina Division of Public Health, is approved as a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
 Upon completion of this webinar, PHNs will have increased knowledge regarding Core Competencies in their use in community/population health, which will assist in evaluating the practice, teaching and research of practicing public/community/population health nurses.
OBJECTIVES

At the end of this webinar, the learners will be able to:

1. Describe the Quad Council Competencies for Public Health Nurses.
2. Differentiate between Core Competencies for Public Health Professionals by the Council on Linkages, the Consortium of Universities for Global Health and the Quad Council Competencies for Public Health Nurses.
3. Articulate potential uses of Core Competencies for public health nursing practice.
4. Advocate for application of Core Competencies in practice, including to improve the quality of student placement experiences and validating the practice of employed public health nurses.
5. Utilize the competencies as an evaluation tool for teaching and practice.
A MULTI-SITE COLLABORATIVE

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University of Toledo

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University of Colorado
Colorado Springs

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Clinical Associate Professor
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Clinical Instructor
University of Kansas
School of Nursing

Monica Harmon, MSN, MPH, RN
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Associate Fellow, Center for Public Health Initiatives
&
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Associate Fellow, Center for Public Health Initiatives
University of Pennsylvania
MISSION & VISION

• Mission
  • To advocate for the use of the Quad Council Competencies in Baccalaureate education that expands education, practice, research and policy in the specialty of C/PHN.
  • To support:
    • Baccalaureate nursing faculty in competency application in classroom, practice, and research in the specialty of C/PH nursing.
    • Utilization of standardized evaluation tools for measuring outcomes in education, research, practice and policy.
    • Cultivate multi-regional research among baccalaureate faculty teaching C/PH nursing and practicing C/PH nurses.

• Vision
  • To create an opportunity for developing an attitude of collaborative inquiry that will enhance the shared values, concepts and ideas among a C/PHN faculty learning community by:
    • Facilitation of graduate education and practice modalities leveling and application of competencies.
    • Discussion with public health nurses/service related to bridging academia and practice.
    • Support and develop Community-based participatory research incorporating the competencies.
OUR MULTI-SITE GOALS

• Develop an evaluation tool based on the 2011 Tier 1 Quad Council Competencies for Public Health Nursing.

• Educate and evaluate faculty and practicing nurses on the 2011 Quad Council Competencies for Public Health Nursing.

• Increase use of the 2011 Quad Council Competencies for Public Health Nursing to guide population health focused education, practice, research, and policies.

• Evaluate student and professional nurses’ knowledge, skill and behavior (attitude) related to the 2011 Quad Council Competencies for Public Health Nursing.
CHANGING DIRECTIONS

• **Quantitative Measures:**
  - Tier 1 2011 Quad Council Public Health Nursing Competencies.
  - Use of Omaha System to measure change in knowledge, behavior and status of nursing faculty and professional nurses.
  - PHN knowledge, skills, and attitudes

• **Qualitative Measures:**
  - Debriefing with clinical faculty
  - Didactic/Classroom Strategies
  - Student clinical performance

• **Formative and Summative Evaluation Methods:**
  - Team Review
  - Dissemination of Findings
  - Collaboration with Nurse Educators at all levels and Practice Partners for Replication with nursing and other health careers students and professionals
  - Learning Community
21st Century Health Care Delivery

Comprehensive Health Care Delivery

- Improved Health Outcomes
- Education
- Policy
- Research
- Practice
WHO SHOULD BE CONCERNED WITH POPULATION HEALTH?

Nursing

Health Policy & Research

Population Health

Inter-professional Team

Health Professions Education
2015
AONE Nurse Executive Competencies: Population Health

2015
Creating a Culture of Health, RWJF

1999
To Err is Human

2010
Affordable Care Act

2001
Crossing the Quality Chasm

2009
Institute of Health Improvement

2016
Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure

2016
Preparing Nurses for New Roles in Population Health Management

2016
A Framework for Educating Health Professionals to Address the SDOH

2016
Envisioning the Future of Health Professional Education: Workshop Summary
BACKGROUND
BACKGROUND

Population health has gained increased attention with:

- Passage of the Affordable Care Act
- Medicaid expansion
- Clinically integrated networks of care
- Case management operations/ care coordination
- Development of post-acute care networks

**Question**: With increased, focused attention to population health, what else does the future hold for our specialty?
BACKGROUND: NURSING LEADERSHIP

Quad Council of Public Health Nursing
American Nurses Association
Council on Linkages
Consortium of Universities for Global Health
BACKGROUND

• The Institute of Health Care Improvement (IHI) developed the Triple Aim of population health, experience of care and lower per capita cost as a purpose statement to influence the overall health of populations

• Nursing plays a key role in the improvement of health of populations and the responsiveness of health system to expectations of the population
CURRENT SITUATION

• Little evidence to validate educational preparation of faculty teaching population/community/public health nursing in baccalaureate schools of nursing

• Participants at recent professional meetings have expressed concerns regarding the qualifications of faculty and the quality of community/public health nursing clinical activities (APHA, Quad Council, 2014; ACHNE, 2014).

• Participants at recent professional meetings have also expressed concerns regarding the impact of less than qualified faculty on the development of the future nursing workforce
RESEARCH PROJECT: PHASE ONE
INQUIRING MINDS WANT TO KNOW....

“Can competency-based education strengthen knowledge, attitudes, and skills of nurse educators and nursing and health professions students utilizing population health competencies?”

Monica Harmon, MSN, MPH, RN posed this question on the ACHNE listserv (1/23/13)
RESEARCH PROJECT: PHASE ONE

• Community/Public Health Nurse Faculty Knowledge, Skills and Attitudes of Public Health Competencies
• Methodology
  Funding: Zeta Theta, Sigma Theta Tau
  IRB Approval: University of Colorado Colorado Springs
  Survey Monkey Tool: Likert response
  Research Assistantship (Spring, 2016) & MPH Thesis Mentorship (Spring, Summer, & Fall 2016)
• Presentations: AACN, CUGH, ACHNE, NBNA, State Nurses Association
• Presentations of Quad Council Competencies to :
  o Nursing Faculty
  o Nursing Departments
  o Clinical Preceptors
RATIONALE: CLASSROOM, EXPERIENTIAL LEARNING AND CLINICAL MUST INTEGRATE!

- Population health, population focused care and community based networks are at the forefront of concern in health care delivery systems.
- It is important to develop an evaluation tool including population health competencies to be used within schools of nursing.
- A strong evaluation tool based on the public health nursing competencies delineated by the Quad Council (2011).
- Focus on both theory and clinical educational experiences.

Joyce, Harmon, Pilling, Johnson, Hicks, & Brown-Schott, 2015.
QUALITY IMPROVEMENT PROJECT
PHASE ONE

• Use of the Quad Council Public Health Nursing Competencies (2011) to develop a clinical evaluation tool for baccalaureate nursing students

• Used tool in 4 project sites with different nursing student levels.

• Focus groups and debrief with faculty.
QUALITY IMPROVEMENT PROJECT: FACULTY DEBRIEF (SPRING, SUMMER, FALL; 2014)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of Faculty</th>
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<tbody>
<tr>
<td>University of Colorado Colorado Springs</td>
<td>4</td>
</tr>
<tr>
<td>University of Toledo</td>
<td>3</td>
</tr>
<tr>
<td>University of Pennsylvania</td>
<td>11</td>
</tr>
<tr>
<td>University of Kansas</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
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QUALITY IMPROVEMENT PROJECT: STAFF DEVELOPMENT (SPRING, SUMMER, FALL; 2014)

• Some faculty who have been teaching with us for a long time were not aware of the competencies
• Faculty found training helpful. “Pleasantly surprised”
• Generally, like the concept of using competencies to frame instruction.
• Did not realize about the 3 Tiers, and use of Tier One generalist.
• Some faculty not prepared in community/public health nursing. Come away with intellectual dialogue.
• Increased discussion of team on how to apply competencies in specific clinical settings.
• Teams are looking at all competencies more specifically.
• Strengthened the team.
• Use of Omaha System Problem Rating Scale for Outcomes worked well.
QUALITY IMPROVEMENT PROJECT: FACULTY DEBRIEF AFTER CET (SPRING, SUMMER, FALL; 2014)

• The form is too long
• Many areas of duplication
• Faculty complained “too much work”
• Faculty stated students are not reading the evaluation tool (students raced through the evaluation tool to complete without thinking about what each of the students were learning or learned)
• Tool needs to be made “student friendly”
• Questions about competencies being appropriate for Undergraduate nursing students.
• (Specifically: part of financial budget, budget considerations, member of research team, participating in team initiatives).
• Challenging to find opportunities in clinical settings to address these.
QUALITY IMPROVEMENT PROJECT: QI TEAM DEBRIEF (SPRING, SUMMER, FALL; 2014)

• Resistance coming from clinical faculty not students.
• Instructors that took time to explain to students had more positive results.
• Students want feedback.
• Increase familiarity with competencies and inform our clinical agencies.
• Audit of CET supports student application, and resistance/lack of rigor by faculty.
QUALITY IMPROVEMENT PROJECT: QI TEAM RECOMMENDATIONS (SPRING, SUMMER, FALL; 2014)

• Continue professional development of clinical faculty and team.
• Faculty need to push for more application of competencies in clinical setting (“rigor to practice in community/public health nursing”)
• Need clinical faculty prepared in population/community/public health nursing.
• Orientation of clinical site staff/preceptors to competencies.
• Written manual of orientation to competencies/course for sites.
RESEARCH METHODS AND EVALUATIONS
MULTI-SITE COLLABORATIVE TEAM

- Describe the demographics of academic/clinical faculty teaching Community/Public Health Nursing (C/PHN) in BSN schools of nursing.
- Validate and differentiate knowledge, skills, and attitudes of community/public health nursing faculty utilizing QCC for PHN.
- Faculty recruited nationally through regional campaigns and at regional and national conferences.
RESEARCH OUTCOMES AND EVALUATIONS
MULTI-SITE COLLABORATIVE TEAM

• Conducted baseline demographic study to define the population of academic/clinical faculty teaching in the C/PHN specialty—survey ended 2/29/16.

• Validated knowledge, skills, and attitudes related to the QCC PHNs (2011) to help frame our practice.

• Described clinical practicum sites utilized by nursing faculty to prepare students for community/public/population health practice.
INCLUDING POPULATION HEALTH COMPETENCIES IN CLINICAL EXPERIENCE

• Clinical sites may not provide opportunities for application of population health competencies.

• Broad range of clinical outcomes for nursing students that may not include population health competencies.

• Inclusion of population health competencies may be seen as random acts of kindness (service-learning) and not practice-learning.

• If population health focused clinical practicums are included; they are often observation and/or shadowing experiences.
REVIEWED RECOMMENDED PUBLIC HEALTH COMPETENCIES

• Population/community/public health nursing content was delineated by AACN Essentials (2008, 1998).

• Suggested Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing A Supplement to The Essentials of Baccalaureate Education for Professional Nursing Practice, AACN (2013).

• ACHNE described the Essentials of Baccalaureate Nursing Education for Entry Level Community/Public Health Nursing (ACHNE, 2010).

• Public health nursing competencies were updated and revised (Quad Council, 2011).

• Recent revision of the definition and practice of public health nursing was published (APHA, PHN, 2013).
QUAD COUNCIL COMPETENCIES OF PUBLIC HEALTH NURSES (2011)

• Who?
  • Comprised of APHN, ACHNE, APHA PHN, ANA, NASN
  • Founded in early 1980’s to address PHN education, practice, leadership, & research as the “voice of PHN”.

• What?
  • In response to Council on Linkages between Academia & Public Health Practice revision of its “Core Competencies for Public Health Professionals” (2010)

• Why?
  • Traditionally CCPHN was consistent with the “Definition of PHN” (1996) and “Scope & Standards of Public Health Nursing” (Quad Council, 1999)
  • To be used in a variety of settings at diverse levels of practice
QUAD COUNCIL COMPETENCIES OF PUBLIC HEALTH NURSES (2011), CONT.

• QCCPHN (2011) represent the continuum of evolving PHN roles, responsibilities, and functions as differentiated by three tiers of competence
  • Tier 1 Core Competencies
    • Apply to generalist PHN not in management positions
  • Tier 2 Core Competencies
    • Apply to PHNs with an array of responsibilities including program implementation and management/supervisory
  • Tier 3 Core Competencies
    • Apply to PHNs at an executive/senior management and leadership levels in PH organizations

Cravetz, Krothe, Reyes, & Swider, 2013
Quad Council Competency Workgroup, 2009-2012
INTEGRATION OF AACN COMPETENCIES AND QSEN WITH QCCPHN
AACN COMPETENCIES

• AACN Essentials of Baccalaureate Nursing Competencies
  • The BSN graduate can:
    • practice from a holistic, caring framework;
    • practice from an evidence base;
    • Promote safe, quality patient care;
    • use clinical/critical reasoning to address simple to complex situations;
    • assume accountability for one’s own and delegated nursing care;
    • practice in a variety of healthcare settings;
    • care for patients across the health-illness continuum;
    • care for patients across the lifespan;
    • care for diverse populations;
    • engage in care of self in order to care for others; and
    • engage in continuous professional development.
QSEN COMPETENCIES

1. Delivering patient-centered care
2. Working as part of interdisciplinary teams
3. Practicing evidence-based medicine
4. Focusing on quality improvement
5. Using information technology
6. Safety
# Crosswalk of Relevant Competencies

*(Smith, Joyce, Brown-Schott, Schriner, 2015)*

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<tbody>
<tr>
<td><strong>Patient Centered Care</strong></td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Teamwork &amp; Collaboration</strong></td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Evidence Based Practice</strong></td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Weak</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Weak</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Weak</td>
<td>Weak</td>
<td>Present</td>
<td>None</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Informatics</strong></td>
<td>Present</td>
<td>Present</td>
<td>Weak</td>
<td>Present</td>
<td>Present</td>
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CURRENT CHALLENGES

• Practicing PHNs and faculty may be unaware that the PHN specialty has a common set of standards, competencies, resources, and tools.

• Even if PHNs are aware of gold standards for the specialty, current practice may not have the mechanism to operationalize them (benchmarks).

• Broad range of clinical outcomes for practicing PHNs and community/public health nursing students.

• Developing the next generation of PHN workforce may prove even more difficult without massive attention and action to operationalize competency and benchmark usage in education, practice, research, and policy.
PRACTICE SCAFFOLD: LEAP FROM THEORETICAL TO PRACTICAL

2011
Quad Council of Public Health Nursing Organizations Core Competencies for Public Health Nursing

2010, 2015
IOM’s Future of Nursing: Leading Change, Advancing Health

2013
American Public Health Association (APHA), Public Health Nursing (PHN) Section

2014
The National Advisory Council on Nursing Education and Practice (NACEP)

2008
AACN Baccalaureate Essentials

2010, 2014
Council on Linkages between Academia & Public Health Practice Core Competencies for Public Health Professionals
PROFESSIONAL COMPETENCIES
COMPETENCY

• Ability to do something successfully or efficiently (Merriam-Webster Dictionary, 2016).

• Capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions" or tasks in a defined work setting (Anderson, L. W., & Krathwohl, D. R., 2001).

• Competencies often serve as the basis for skill standards that specify the level of knowledge, skills, and abilities required for success in the workplace as well as potential measurement criteria for assessing competency attainment (Anderson, L. W., & Krathwohl, D. R., 2001).

• “An individual who demonstrates competence is performing at an expected level” and “competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment” (ANA Leadership™, 2013, p. 3).
**COMPETENCY VERSUS LEARNING OBJECTIVES**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Learning Objectives</th>
</tr>
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<tbody>
<tr>
<td>Define applied skills &amp; knowledge</td>
<td>Specific to a course of instruction</td>
</tr>
<tr>
<td>Relevant to an individual’s job responsibilities, roles &amp; capabilities</td>
<td>Describe what the learner should be able to achieve at the end of the learning period</td>
</tr>
<tr>
<td>Verify that a learner has learned what was intended in the learning objectives</td>
<td>Should be specific, measurable statements written in behavioral terms</td>
</tr>
<tr>
<td>How we are certain learners know what they have learned?</td>
<td>What we want learners to know?</td>
</tr>
</tbody>
</table>

Anderson, L. W., & Krathwohl, D. R., 2001
Researchers also suggest that professionals demonstrating professional competencies will successfully meet benchmarks in academic and professional arenas (Joyce, Harmon, Pilling, Hicks, Johnson, & Brown-Schott, 2015).

Utilized for performance management and quality improvement in public health practice (Centers for Disease Control & Prevention, 2015).

Noted as a tool for public health and health promotion.

An ongoing process which seeks to identify and understand the practices, methods, and processes of others (Ontario Health Promotion, 2015).

Distinct from program evaluation and performance measurement in that it focuses on comparing internal processes and impacts with those of other organizations rather than with predetermined internal standards, indicators or objectives (Ontario Health Promotion, 2015).

Examples: Healthy People 2020, Community Health Status Indicators, Mobilizing Action Toward Community Health, Health Indicators Warehouse, Community Issues Management.
## Benefits and Challenges to Benchmarking

<table>
<thead>
<tr>
<th>Benefits (Advantages)</th>
<th>Challenges (Opportunities)</th>
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<tbody>
<tr>
<td>Builds on the work of others</td>
<td>Is a time consuming and labour intensive process that</td>
</tr>
<tr>
<td>Facilitates more efficient use of resources and promotes financial savings</td>
<td>Requires considerable skill and knowledge</td>
</tr>
<tr>
<td>Identifies not only what needs to be improved, but also how to improve</td>
<td>Has issues around confidentiality and information sharing</td>
</tr>
<tr>
<td>Uses a participatory process that pushes organizations to examine what they are doing and why they are doing it</td>
<td>Necessitates the organization is willing to take action and make changes based on the findings of the process</td>
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<tr>
<td>Encourages organizations to identify ways to measure their services in terms of inputs and outcomes</td>
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<tr>
<td>Promotes a focus on the most important or beneficial aspects of the program.</td>
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<tr>
<td>Stimulates an environment that is conducive to continued improvement and learning, as well as networking with other organizations</td>
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THE BENCHMARKING PROCESS

- The benchmarking process is not linear, and organizations may have backward movement to earlier steps.
- There is a sequence of steps that expedites the benchmarking process:

1. Identify what needs to be benchmarked - usually one or some components of a program rather than an entire program in order to keep the project manageable, and to promote focus on the most important aspects.
2. Determine performance measures and indicators, and collect and analyze internal data: a review of the literature and program logic model may identify indicators, while developed data collection tools and sources of program data may also be useful.
3. Select benchmarking partners: consider organizations that are recognized for their expertise, offer a similar service, serve a similar population, are accessible, and are willing to share information (but don't ask for information that you wouldn't be willing to share).
4. Access data from benchmarking partners: identify differences and performance gaps, and determine whether practices are suitable/adaptable to other settings - consider practices that are successful over time, repeatable, transferable, innovative and which are relevant to local circumstances.
5. Create and implement an action plan to apply identified best practices: translate the findings into a few core principles, and work from principles to strategies to action plans.
6. Monitor results and adjust benchmarks.
CORE COMPETENCIES IN PUBLIC HEALTH NURSING PRACTICE
THE CHALLENGE: USING QUAD COUNCIL COMPETENCIES IN POPULATION HEALTH PRACTICE

• Focus on undergraduate education preparing future nurses for population-focused health care delivery.

• Increase nursing faculty and professionals awareness of population health concepts and competencies using QCC for PHNs as a foundation.

• Attract and hire qualified faculty and professional nurses.

• Educate current and future nursing professionals on the competencies.
RESEARCH PROJECT: PHASE TWO

• Community/Public Health Nurses’ Knowledge, Skills and Attitudes of Public Health Nursing Competencies.

• Methodology
  IRB: University of Kansas
  Funded: ACHNE Research Grant (2016-2018)
  Survey Monkey Tool adapted for PHN’s Directors of State Public Health Agencies
BRIDGING EDUCATION & PRACTICE WITH COMPETENCIES
PRACTICE, PRACTICE, PRACTICE

• Develop a comprehensive clinical evaluation tool (CET) for community/public/population health nurses that uses competencies to set benchmarks for skill mastery at every QCCPHN Tier.

• Conduct research and advocate for the utilization of the Quad Council Competencies (QCC) for Public Health Nurses (PHNs), 2011 in public health nursing practice.

• Build and evaluate a national and global nursing workforce that meets the needs of the 21st century.

• Develop programs that utilize schools of nursing as a catalyst for enhanced population focused care, both nationally and internationally.
RECOMMENDATIONS FOR PHN PRACTICE

• Continue professional development of practicing PHNs and health care team.
• PHNs need to push for more application of competencies in the practice setting (rigorous and robust population health management).
• Utilize competencies in orientation, evaluation, and career ladder programs for practicing PHNs.
• Need preceptors/clinical faculty fluent in practice competency to develop the next generation of professional nurses.
• Baccalaureate education must partner with clinical sites to provide consistency in competency use in training programs and preparation for professional practice.
IMPERATIVE ACTIONS

*Strengthening the Influence of Quad Council Competencies for Public Health Nurses in Education, Practice, Research will:*

- Improve population health and population-focused care.
- Recognize common standards to be used in academia, practice, and research.
- Promote a unified front of educators and health care professionals committed to including population health competencies in nursing education at all levels, practice, research, and population-focused policies.
- Prepare current and future nurses to be transformative and meet ever expanding challenges of delivering health care to 21st century populations and communities.
- Advance cycle of the academic and professional pipelines to constantly enhance the inclusion and utilization of population health competencies.
SUMMARY

• Improve population health, population focused care, and community-based networks nationally and globally.

• Assure that universal common standards are in place to be utilized by academia, practice, and research to inform health care policies and health professions training.

• Re-examine, re-focus, and re-design C/PHN education, practice, and research to address the challenges of an expanding 21st century health care delivery to populations and communities nationally and globally.
THE CHARGES

• Join the movement!
• Complete the survey!
• Be active in your local communities
COMPLETE OUR SURVEY!

We are asking that you join us by participating in this on-line survey to assist us with this project: https://www.surveymonkey.com/r/WBHBPK2.

Suggestions on troubleshooting issues with hyperlink:
1. Copy and Paste Link into a new tab to start the survey.
2. Firewall Issue – Forward link to a home email address to complete the survey.
3. If these issues still continue, please contact Regina Johnson at rjohnson2@kumc.edu.
QUESTIONS?
THANK YOU

Celebrating 80 Years of Public Health Nursing
For further information on this Webinar and other programs offered by the Association of Public Health Nurses, please go to:
www.phnurse.org

or call us at 614-846-1777.

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