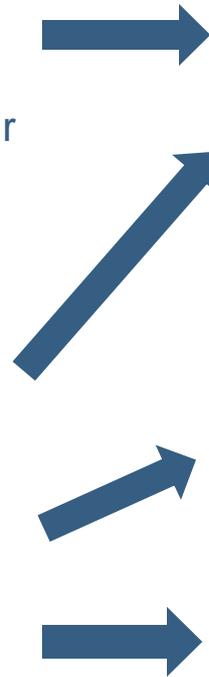


Council on Linkages Between Academia and Public Health Practice Meeting

July 16, 2018

Housekeeping Items

- Council members and designees are unmuted; all other attendees are muted. If you are using your phone, please choose the “Phone call” option and enter your Audio PIN (found in the “Audio” panel). If you are using computer speakers and a mic, please choose the “Computer audio” option.
- Please use the “Raise Hand” feature to indicate that you’d like to be unmuted.
- Meeting materials and slides are available in the “Handouts” section
- Feel free to use the “Questions” box to communicate with staff during the meeting.



A screenshot of the GoToWebinar interface. The top bar shows 'File View Help' and a globe icon. Below it is a dark blue header with a white arrow icon and the word 'Audio'. The main content area is white and contains the following information: a telephone icon, a radio button for 'Computer audio', and a selected radio button for 'Phone call'. Below this, it lists 'Dial: +1 (631) 992-3221', 'Access Code: 760-806-913', and 'Audio PIN: 36'. There is a red text prompt 'Already on the call? Press #36# now.' and a blue link 'Problem dialing in?'. Below the Audio section is a 'Handouts: 1' section with a thumbnail for 'GoToWebinar Attendee Slides.pptx'. Below that is a 'Questions' section with a text input field containing '[Enter a question for staff]' and a 'Send' button. At the bottom, there is a 'Test' section with 'Webinar ID: 275-096-715' and the GoToWebinar logo.

Council on Linkages Between Academia and Public Health Practice

To improve the performance of individuals and organizations within public health by:

- Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities
- Promoting public health education and training for health professionals throughout their careers
- Developing and advancing innovative strategies to build and strengthen public health infrastructure

Funded by
Centers for Disease Control and Prevention

Staffed by
Public Health Foundation

23 National Public Health Organizations:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- Association for Community Health Improvement
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Council on Education for Public Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education
- Veterans Health Administration

Agenda

- Approval of Minutes from December 12, 2017 Meeting
 - **Action Item:** Vote on Approval of Minutes
- State of the Council: Where We've Been, Where We Are, Where We're Headed
- Core Competencies for Public Health Professionals
 - Core Competencies Use
 - Healthy People 2030
 - New Competencies Released:
 - Competencies for Performance Improvement Professionals in Public Health
 - Quad Council Coalition's 2018 Community/Public Health Nursing Competencies
- Academic Health Department Learning Community
 - AHD Webinar Series and Ask the AHD Expert Column
 - Staged Model of AHD Development
 - AHD Mentorship Program
- Other Business and Next Steps

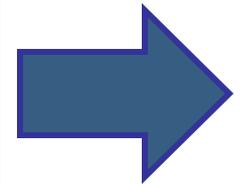
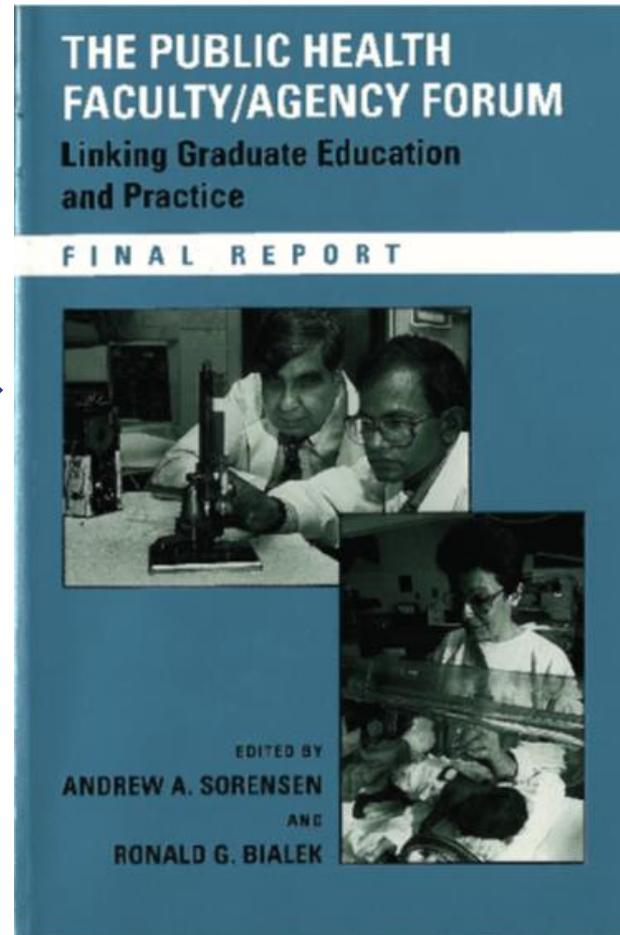
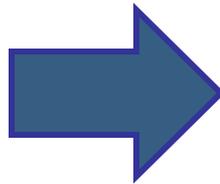
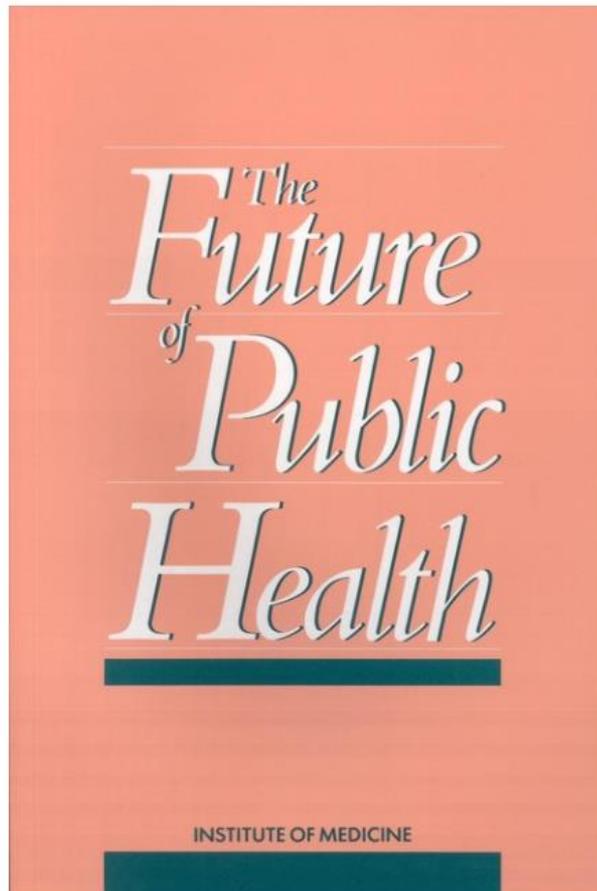
Approval of Minutes from December 12, 2017 Meeting

> Action Item: Vote on Approval of Minutes

State of the Council: Where We've Been, Where We Are, Where We're Headed

- Speakers: Bill Keck, MD, MPH, Council Chair,
and Ron Bialek, MPP, Council Director

How It All Began...





**The Council on Linkages
Between Academia and
Public Health Practice**

1992



American College of Preventive Medicine
physicians dedicated to prevention



U.S. Conference of
Local Health Officers

Council on Linkages Between Academia and Public Health Practice

2017



American College of Preventive Medicine
physicians dedicated to prevention



Public Health Nursing Organizations



Council on Linkages Between Academia and Public Health Practice

An Impressive History

- Convening diverse national organizations to improve public health training, research, and practice for 25 years
- Developed consensus around core skills and competencies desirable for the practice and teaching of public health
- Put public health systems research on the map
- Influenced academic and practice accreditation criteria
- Developed evidence-based practice guidelines leading to creation of the U.S. Community Preventive Services Task Force
- Providing tools, resources, and technical assistance to institutions trying to establish academic health departments

Core Competencies for Public Health Professionals

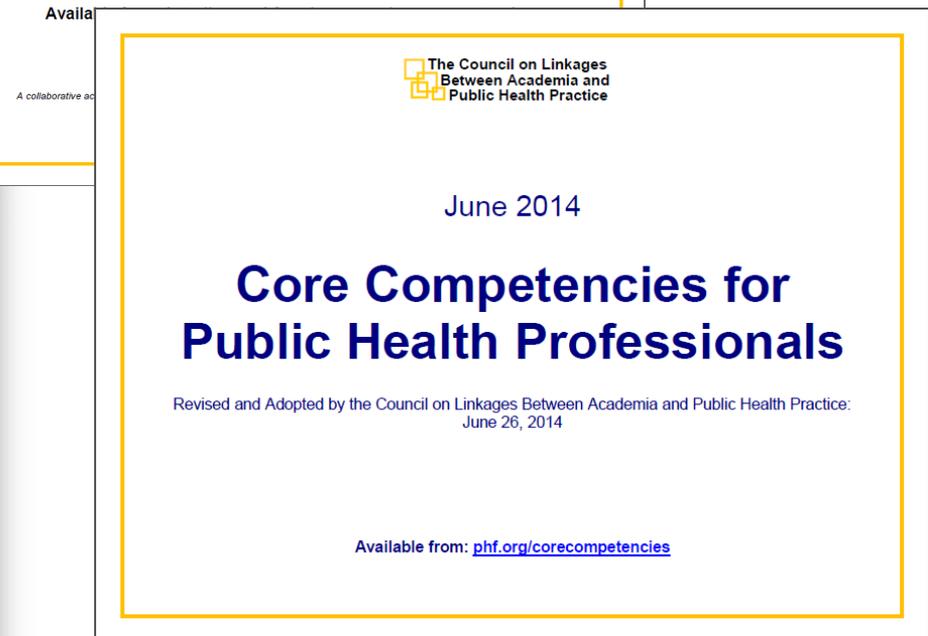
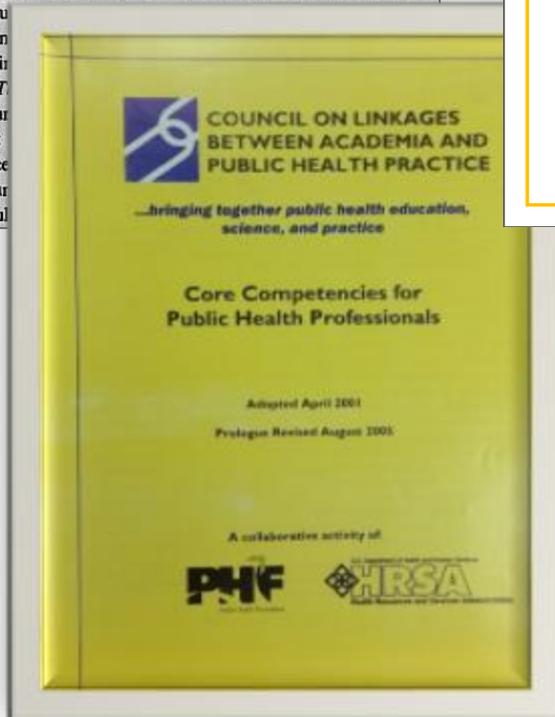
- Identified need to guide skill development of public health practitioners in all settings
- Advocated for and facilitated development of consensus involving practitioners, faculty, and researchers around core skills and competencies desirable for the practice and teaching of public health
- Widely used by health departments and academic institutions
- Longest running initiative of the Council on Linkages
- Moving beyond traditional public health agencies to hospitals and health systems

Core Competencies for Public Health Professionals

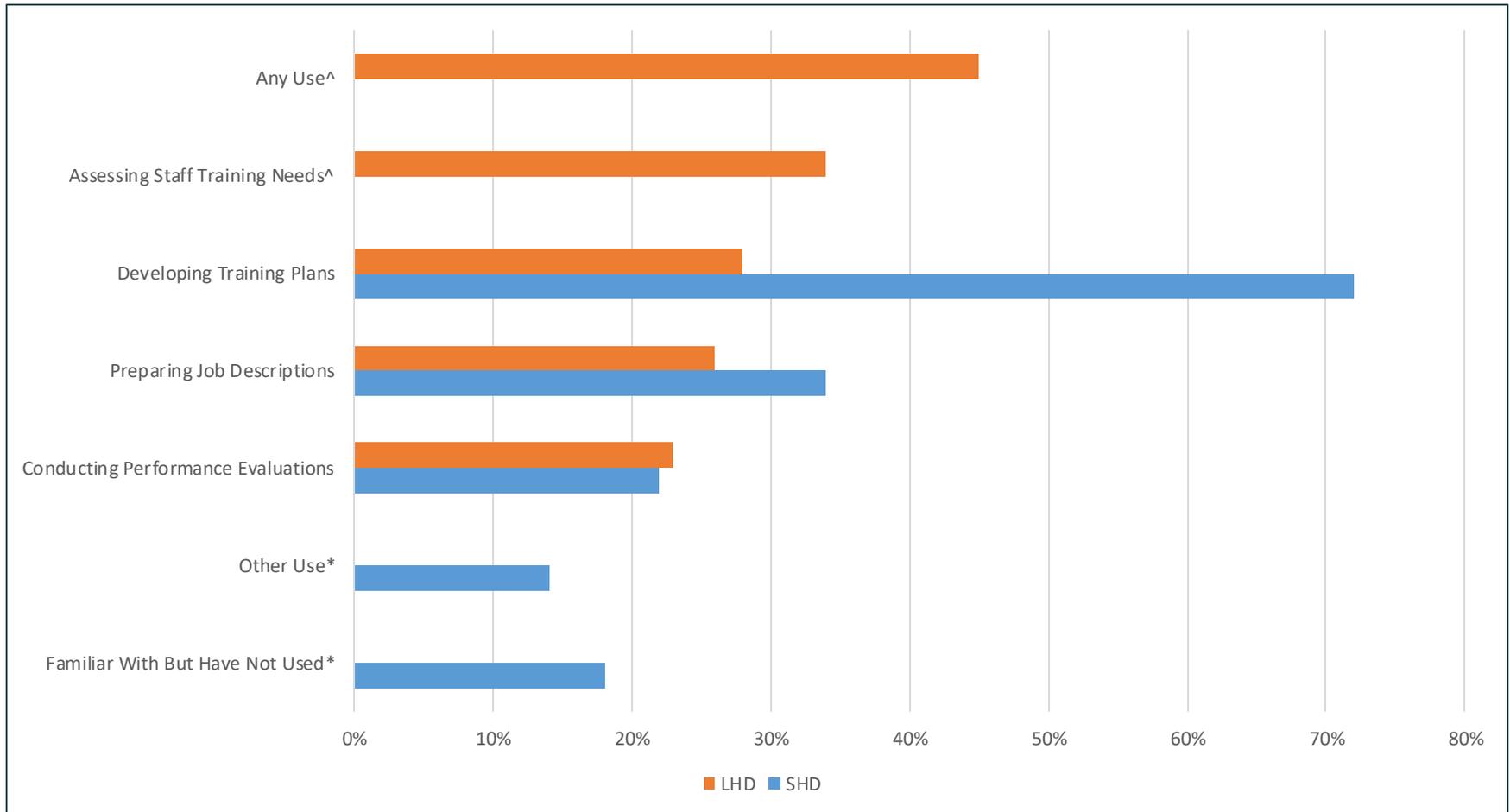
Universal Competencies and Recommendations

Universal Competencies

From the inception of the planning process for the Public Health Faculty/Agency Forum, the Forum was recognized as an important mechanism for recommendations pertaining to public health education. In the report, the core functions of our public health service were reflected in a set of universal competencies for public health students, faculty,



Health Department Usage of the Core Competencies: Data from 2016 ASTHO and NACCHO Profiles



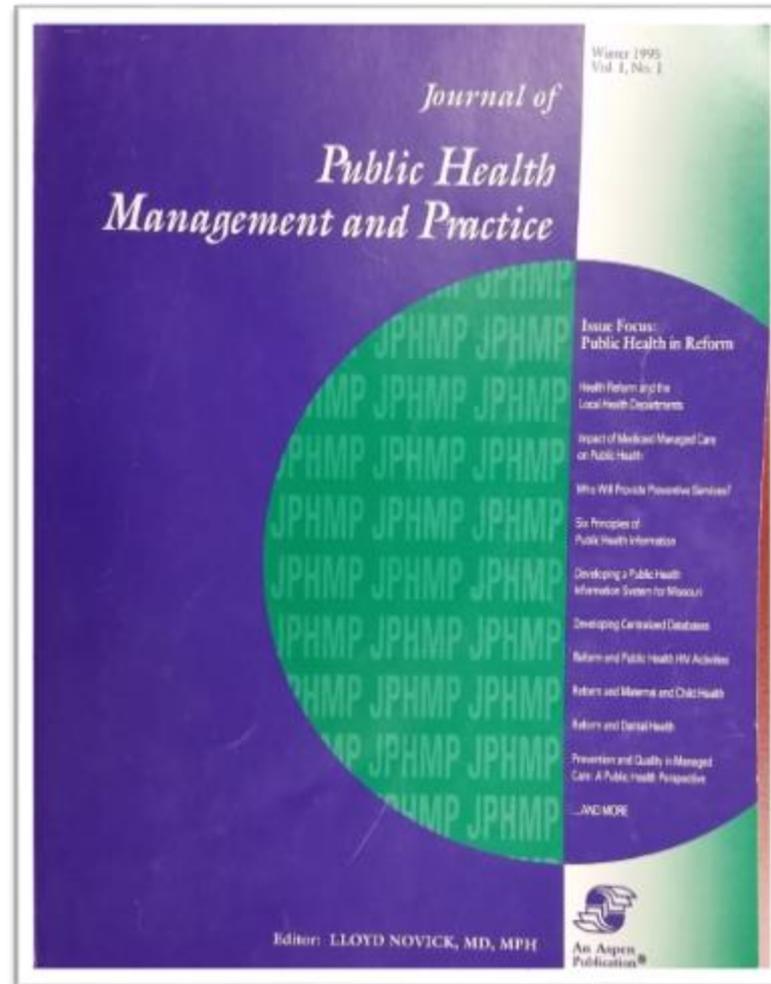
* Data not included in NACCHO Profile

^ Data not included in ASTHO Profile

Healthy People 2010 and 2020: Advocated for Use of Core Competencies

- PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations
- PHI-2: Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals
- PHI-3: Increase the proportion of CEPH accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula
- **Healthy People 2030???**

A Place to Publish Public Health Practice Research



But, Where's the Research?!?!

- Let's create and advocate for public health systems research!!
- What better way to leverage the expertise of practitioners and researchers?
- What better way to guide the practice of public health and practice-based research?
- What better way to produce evidence for the practice of public health?

Don't We Need to Define What We're Talking About and Have a Research Agenda?



**COUNCIL ON LINKAGES BETWEEN
ACADEMIA AND PUBLIC HEALTH
PRACTICE**

**Developing a National Public Health Practice
Research Agenda**

Monday November 8, 1999

2:15-3:45 pm

Hyatt Chicago – San Francisco Room



**COUNCIL ON LINKAGES BETWEEN
ACADEMIA AND PUBLIC HEALTH PRACTICE**

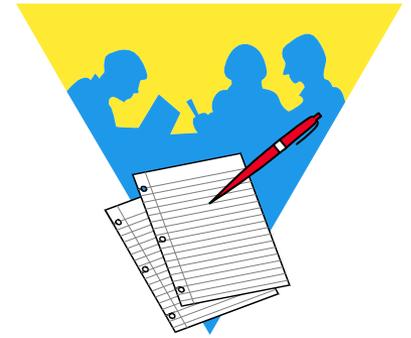
GETTING ON WITH IT:

**Developing a National Public
Health Practice Research Agenda**

Presented by Hugh Tilson, MD, DrPH

November 15, 2000

Identifying What Exists



The Council on Linkages is collecting and analyzing current public health practice research activities being conducted at the 23 Prevention Research Centers (PRCs) affiliated with Schools of Public Health.

Relevant research from the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) are being analyzed to ensure that the national public health practice research agenda builds on what exists and is under development.

End Products

- A coordinated and comprehensive national public health practice research agenda
- A “guide” to public health practice research priorities
- A framework for other public health practice research agenda-setting activities





Table 1

**FRAMEWORK FOR
PUBLIC HEALTH PRACTICE RESEARCH AGENDA**

<p>□ Essential Public Health Services (Source: Public Health Functions Steering Committee)</p>	Healthy People 2010 Objectives Categories			
	Promote Health Behaviors	Promote Healthy and Safe Communities	Improve Systems for Personal and Public Health	Prevent and Reduce Disease and Disorders
	Chapters			
	Objectives (singular or grouped)			
1. Monitor health status to identify community health problems	<p>In each box....</p> <ul style="list-style-type: none"> ◆ What do we need to know to be effective — interventions, causes, methodological research? ◆ What do we know? ◆ Info being used? ◆ Need to better disseminate? ◆ Need to better translate? ◆ What do we not know? ◆ What specific questions need to be answered? ◆ What research is underway and when will it be completed? <p>Priority setting...</p> <ul style="list-style-type: none"> ◆ Take key dimensions of columns and rows ◆ How important to know to deliver EPHS? ◆ How doable? How easy to answer question? 			
2. Diagnose and investigate health problems and health hazards in the community				
3. Inform, educate, and empower people about health issues				
4. Mobilize community partnerships to identify and solve health problems				
5. Develop policies and plans that support individual and community health efforts				
6. Enforce laws and regulations that protect health and ensure safety				
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable				
8. Assure a competent public health 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				

**Essential Public Health Services
(Source: Public Health Functions
Steering Committee)**

Healthy People 2010 Objectives Categories

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable

8. Assure a competent public health and personal health care workforce

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Excerpt from Letter to CDC Director, Dr. David Satcher July 25, 2000

Currently, the Council on Linkages has collected and analyzed public health practice research activities being conducted at the 23 Prevention Research Centers affiliated with Schools of Public Health. In addition, research agendas and activities from various federal agencies such as the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Agency for Healthcare Quality and Research (AHQR) have been reviewed to ensure that the national public health practice research agenda builds on what exists and is under development.

Throughout our research into each respective agency conducting public health research, several poignant facts have come to light. Some include:

- ◆ Most research activities and agendas lack connection to HP2010 objectives and the ten EPHS.
- ◆ Some agencies conduct little, if any, public health practice research. Biomedical research is a priority in those agencies.
- ◆ Allocation of federal research dollars are not consistent with the Healthy People 2010 objectives, making these goals more difficult to attain.
- ◆ The decentralized nature of public health research activities within and among federal agencies have made planning future research initiatives more difficult and tasking.

Public Health Systems Research - “Closed Door” Meeting – September 29, 2005

Definition of Public Health Systems Research (PHSR)

A field of inquiry using quantitative and qualitative methodology to examine the impact of the organization, staffing, financing, and management of public health systems on the access to, delivery, cost, quality, and outcomes of population-based services and interventions.

- Developed by the Council on Linkages Between Academia and Public Health Practice (Council)

Meeting objectives

- Form a vision for transforming PHSR in the United States;
- Develop a strategy for improving coordination among funding agencies and organizations, which could include:
 - Articulating the specific roles, responsibilities, and commitments of each meeting participant to advancing PHSR, or
 - Establishing a coalition of funders that convenes several times a year;
- Craft unified messages to help PHSR enthusiasts sell the need for PHSR activities and infrastructure; and
- List next steps for advocating increased investment in PHSR among organizations in attendance and other institutions identified as potential partners.



**COUNCIL ON LINKAGES BETWEEN
ACADEMIA AND PUBLIC HEALTH PRACTICE**

**Public Health Systems Research
September 29, 2005 - Meeting Participants**

AcademyHealth

W. David Helms, PhD
President and CEO

**Agency for Healthcare Research and
Quality**

Ronda G. Hughes, PhD, MHS, RN
Senior Health Scientist Administrator
Center for Primary Care, Prevention, and
Clinical Partnerships

**Centers for Disease Control and
Prevention**

Robin Ikeda, MD, MPH
Associate Director for Science
Office of Workforce and Career
Development

Dennis Lenaway, MPH, PhD
Director

Office of Standards and Emerging Issues in
Practice
Office of the Chief of Public Health Practice

Grantmakers In Health

Katherine M. Treanor, MSW
Program Associate

**Health Resources and Services
Administration**

Kerry Paige Nessler, RN, MS
Associate Administrator
Bureau of Health Professions

The Robert Wood Johnson Foundation

Debra Joy Pérez, MA, MPA, PhD
Program Officer

Mississippi Department of Health

Peggy A. Honoré, DHA, MHA
Chief Science Officer

Co-Director of the Public Health Finance:
Advancing a Field of Study Through Public
Health Systems Research project

National Institutes of Health

Jon F. Kerner, PhD
Deputy Director for Research Dissemination
& Diffusion
Division of Cancer Control & Population
Sciences
National Cancer Institute

What About Accreditation Criteria for Schools and Programs of Public Health?



COMING TOGETHER: ACADEMIC/PRACTICE LINKAGES

Presented by:
Ron Bialek
Public Health Foundation
November 12, 1997

Revised Accreditation Criteria

- ☞ Offer Practice Experiences
- ☞ Engage in Applied Research
- ☞ Promote Service Activities
- ☞ Provide Continuing Education
- ☞ Integrate Practice into Teaching
- ☞ Involve Constituents in Evaluating School



....And Health Departments



Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.				
MEASURE	PURPOSE	SIGNIFICANCE	NUMBER OF EXAMPLES	DATED WITHIN
Measure 8.2.1 A Workforce development strategies	The purpose of this measure is to assess the health department's planning for employee training, implementation of those plans, and the development of core competencies.	Health departments must have a competent workforce with the skills and experience needed to perform their duties and carry out the health department's mission. Workforce development strategies support the health department, individual staff members, staff development, and the overall workplace environment. Employee training and core staff competencies assure a competent workforce.	1 plan	2 years
REQUIRED DOCUMENTATION	GUIDANCE			
1. Workforce development plan	1. The health department must provide a health department-specific workforce development plan. The workforce development plan must: <ul style="list-style-type: none"> Address the collective capacity and capability of the department workforce and its units. Address gaps in capacity and capabilities and include strategies to address them. Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science. Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence. The plan must include: <ul style="list-style-type: none"> An assessment of current staff competencies against the adapted core competencies. An example of nationally adopted core competencies is "Core Competencies for Public Health Professionals" from the Council on Linkages Between Academia and Public Health Practice. The plan may also use more advanced or specialty-focused sets of competencies, for example, training, public health preparedness, informatics, and health equity competencies. 			

....And The Guide to Community Preventive Services to Help Guide Practice?

Practice Guidelines for Public Health: Assessment of Scientific Evidence, Feasibility and Benefits

*A Report of the Guideline Development Project
for Public Health Practice*

*Advisory Group: Council on Linkages between
Academia and Public Health Practice*

OCTOBER 1995

Consensus Statement

March 25, 1998

Directly Observed Therapy for Treatment Completion of Pulmonary Tuberculosis Consensus Statement of the Public Health Tuberculosis Guidelines Panel

C. Patrick Chaulk, MD, MPH; Vahe A. Kazandjian, PhD, MPH; for the Public Health Tuberculosis Guidelines Panel

» [Author Affiliations](#)

JAMA. 1998;279(12):943-948. doi:10.1001/jama.279.12.943

Now an Ongoing Effort Supported by CDC

Welcome to The Community Guide! Let us know what you think of the website by completing this [quick survey](#).

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Your online guide of what works to promote healthy communities [About the Guide](#)



Interactive Digital Interventions Help Patients
The CPSTF recommends the use of interactive digital interventions to improve blood pressure control in patients with high blood pressure. [Read more >>](#)

Text Messages Improve Medication Adherence

Built Environment—Examples from the Real World

Explore Popular Features of The Community Guide

 **[Attend a Webinar](#)**
Join Community Guide scientists to learn more about CPSTF recommendations and the systematic

 **[The Community Guide in Action: Stories from the Field](#)**
Learn about people from across the country who have used The

 **[Listen to the Experts](#)**
Community Guide audio clips feature stories about the Community Guide in Action and shine a spotlight on public

A Newer Kid on the Block: Academic Health Department Learning Community



Academic Health Departments: Core Concepts

Definition

An academic health department (AHD), or teaching health department, represents a formal affiliation between an academic institution and a public health practice organization. Typically, an AHD joins a health professions school and a state or local health department, although other public health practice organizations may be involved. Health professions schools are academic institutions housing schools or programs in public health, medicine, nursing, dentistry, environmental health, health education, or any of a variety of other health fields.^{1,2}

The AHD arrangement is the public health equivalent of the "teaching hospital" affiliation that formalizes the relationship between medical schools and hospitals. It exists to strengthen the linkage between public health practice and its broad academic base and is designed to enhance public health education and training, research, and service. AHDs can serve as public health training sites for students of public health and the clinical health sciences, as well as sites for research and practice involving both academic and practice communities.^{1,2}

Attributes

A variety of types and levels of partnership exist between academic institutions and health departments. While these can represent productive collaborative relationships, potential for both types of institutions may be maximized by formalizing the relationships between the partners. A comprehensive AHD may exhibit some or all of the following attributes:

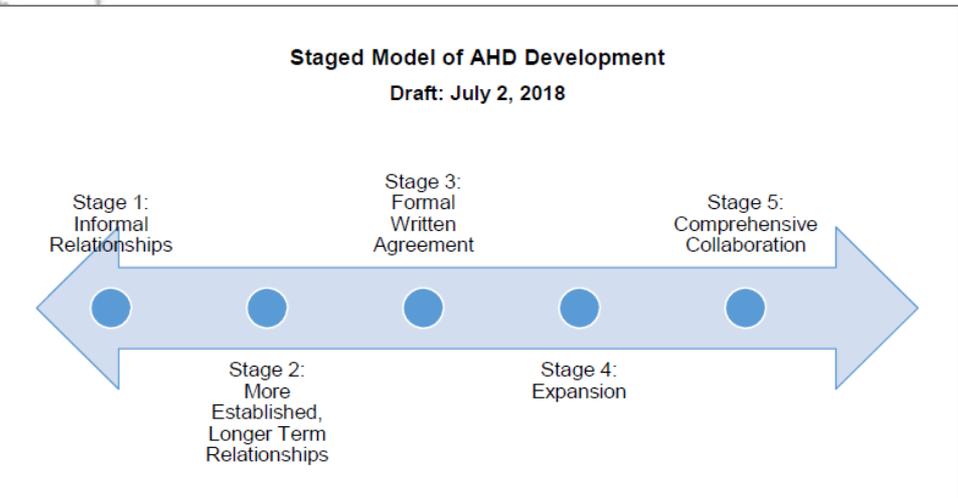
- Involvement of, at minimum, one health professions school and one public health practice organization
- Formal written partnership agreements between institutions
- Shared personnel, often in the form of faculty or staff who are jointly appointed and funded
- Organizational structures that allow the sharing of resources between partnering institutions
- Exchange of resources or other forms of compensation between partnering institutions as services are provided
- Collaborative efforts to provide education and training for students and public health professionals grounded in public health theory and practice
- Joint proposal and implementation of research projects
- Shared support for and participation in providing public health services
- Collaborative and mutually beneficial relationships^{1,2}

Purpose

The AHD is meant to enhance public health education and training, research, and service by facilitating collaboration across the academic and practice communities. As such, it responds to several key issues facing the public health field. Use of the AHD model may help to address:

- Concerns regarding the separation of education and public health practice and the relatively low percentage of public health practitioners with formal public health education, faculty with public health practice experience, and graduates seeking employment in health departments
- Concerns related to the level of preparedness of students and public health professionals to meet local public health needs

Created: 2010 Dec 20
Revised: 2011 Jan 14



Helping Academic Health Departments Grow

- Over 900 members
- Nearly 60 Academic Health Department partnerships

Variety of Activities:

- Examples and stories of Academic Health Departments
- Webinars by Academic Health Departments
- Partnership agreements
- Mentorship program
- Listserv
- “Ask the AHD Expert” column
- Technical assistance



Where Are We Now?



**Council on Linkages Between Academia and Public Health Practice:
Strategic Directions, 2016-2020**

Objectives:

- Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations
- Enhance public health practice-oriented education and training
- Support the development of a diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed
- Promote and strengthen the evidence base for public health practice

Great Challenges and Opportunities Ahead for the Council on Linkages

- Public Health 3.0
 - Informatics
 - Leadership
 - Chief Health Strategist
- Work across disciplines and sectors
- Increase awareness and use of the Core Competencies
- Continue to foster Academic Health Departments and go beyond health departments and academic institutions
- Achieve ongoing surveillance of the public health workforce
- Support public health workforce as roles evolve
- Focus on a national public health workforce action plan
- Sustain and grow the Council on Linkages

- **SIMPLY BUSINESS AS USUAL.....**

Discussion: How Has the Council Impacted Your Organization and Its Members or Constituents?

- Impact Council member organizations are seeing or experiencing from Council initiatives, activities, and products
- Contributions Council member organizations are making toward the Council's Strategic Directions
- Opportunities to increase the Council's impact
- Share additional ideas or examples with Kathleen at kamos@phf.org

Core Competencies for Public Health Professionals

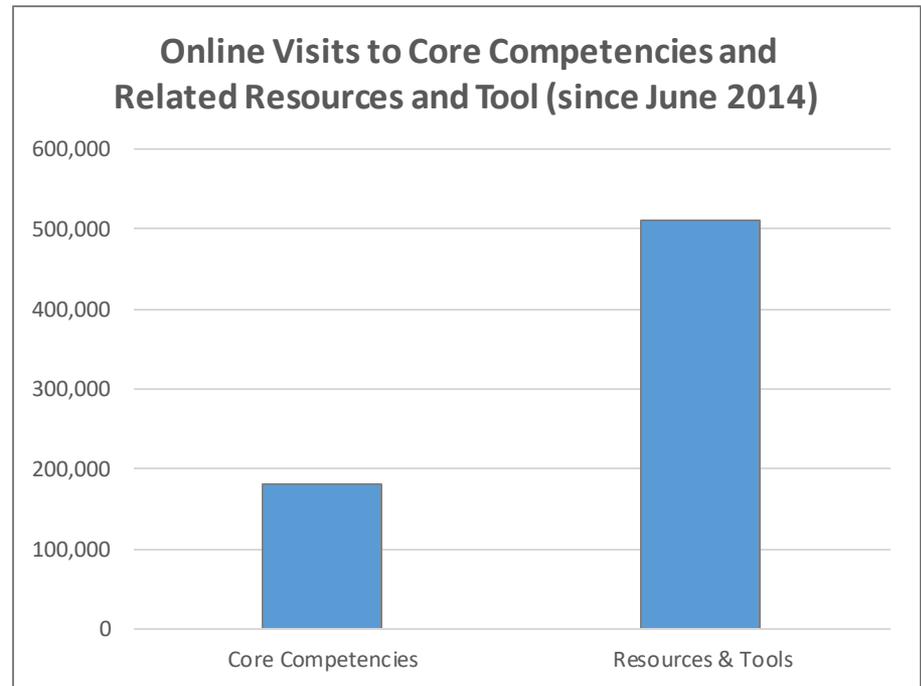
➤ Speakers:

- Amy Lee, MD, MPH, MBA, and Janet Place, MPH, Core Competencies Workgroup Co-Chairs
- Kathleen Amos, MLIS, Council Assistant Director
- Susan Little, MSN, RN, APHN-BC, CPHQ, Quad Council Coalition of Public Health Nursing Organizations

Core Competencies Use

➤ 2014 Core Competencies

- >180,000 online visits
- >510,000 online visits to resources and tools
- ~80% of state health departments use
- 45% of local health departments use



Core Competencies Resources & Tools

- Most popular resources and tools:
 - [Competency assessments](#)
 - Collection of [job descriptions](#)
 - Collection of [examples of how organizations use the Core Competencies](#)
 - [Domain descriptions](#)
 - Collection of [workforce development plans](#)

- In development:
 - Competency assessment based on the [modified version of the Core Competencies](#)
 - Redesign of website to better highlight how organizations use the Core Competencies

Healthy People 2030

- Three objectives related to the Core Competencies appear in the Public Health Infrastructure topic area for Healthy People 2020
- Development for Healthy People 2030 is underway
- Council staff provided input related to objectives
- Public comment period is expected later this year

Discipline-Specific Competencies that Draw on the Core Competencies

Council Staff or Core Competencies Workgroup Involvement:

- Competencies for Performance Improvement Professionals in Public Health
- Competencies for Population Health Professionals (under development)
- Competency Guidelines for Public Health Laboratory Professionals
- Including People with Disabilities: Public Health Workforce Competencies
- Legal Epidemiology Competency Model

Other Use of the Core Competencies:

- Community/Public Health Nursing Competencies
- Competencies for Applied Epidemiologists in Governmental Public Health Agencies
- Competencies for Health Education Specialists
- Competencies for Public Health Informaticians

New Competencies!

- Competencies for Performance Improvement Professionals in Public Health
 - Public Health Foundation
- 2018 Community/Public Health Nursing Competencies
 - Quad Council Coalition of Public Health Nursing Organizations

Competencies for Performance Improvement Professionals in Public Health

Competencies for Performance Improvement Professionals in Public Health

June 1, 2018

The Competencies for Performance Improvement Professionals in Public Health (PI Competencies) are a set of skills desirable for performance improvement (PI) professionals working in public health. Based on the [Core Competencies for Public Health Professionals](#) (Core Competencies) and the [Core Competencies for Performance Improvement Professionals](#) (Core PI Competencies), these competencies were developed for performance improvement professionals with responsibilities related to the areas of quality improvement, performance management, accreditation readiness, or community health improvement.

The PI Competencies describe areas of performance improvement. These competencies do not describe specific job responsibilities as those are determined by places of employment. PI Competencies may be more or less relevant to specific job responsibilities. Individual PI Competencies in the areas most relevant to your work are highlighted in blue.

Connection with the Core Competencies

The PI Competencies align with the Core Competencies for Public Health Professionals working in public health. The PI Competencies are described in the Core Competencies and describe the skills and knowledge of PI professionals in public health settings. PI-related skills address

Competencies for Performance Improvement Professionals in Public Health

Analytical/Assessment Skills

1. Demonstrates how data and information are used to improve individual, program, and organizational performance (e.g., selection and use of valid and reliable quantitative and qualitative data, data-driven decision making, data management, performance measurement)
2. Uses evidence (e.g., literature, best practices, model/promising/emerging practices) in determining how to evaluate and improve performance

Policy Development/Program Planning Skills

3. Describes how quality improvement, performance management, and workforce development are used to improve individual, program, and organizational performance
4. Coordinates development and implementation of an organization-wide quality improvement plan
5. Coordinates development and implementation of an organization-wide workforce development plan
6. Applies quality improvement, performance management, and workforce development frameworks, methods, tools, and models to improve individual, program, and organizational performance
7. Evaluates the effectiveness and quality of the organization's quality improvement, performance management, and workforce development plans and practices
8. Integrates quality improvement methods into organizational policies, plans, programs, and services
9. Aligns quality improvement plan and performance management system with other organization and community plans (e.g., strategic plan, community health improvement plan, workforce development plan, communication plan, all hazards emergency operations plan)

Community Dimensions of Practice Skills

10. Describes how quality improvement, performance management, and workforce development

2018 Community/Public Health Nursing Competencies

Community/Public Health Nursing Competencies

Approved 04.13.2018

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



Public Health Nursing Organizations

The Quad Council Coalition (QCC) of Public Health

- Alliance of Nurses for Healthy Environmen
- Association of Community Health Nursing
- Association of Public Health Nurses (APHN)
- The American Public Health Association – I

The QCC was founded in 1988 to address priorit
research, and as the voice of public health nursin

QCC Competency Review Task Force, 2017-2018

Lisa A. Campbell, DNP, RN, PHNA-BC
Monica J. Harmon, MSN, MPH, RN
Barbara L. Joyce, Ph.D., RN, CNS, ANEF
Susan H. Little, DNP, RN, PHNA-BC, CPHQ

Suggested Citation: Quad Council Coalition Competency

Community/Public Health Nursing Competencies

Approved 04.13.2018

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 <i>population health</i> .
1A2a. Use an <i>ecological perspective</i> 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 <i>public health nursing diagnoses</i> and program implementation plans utilizing an <i>ecological perspective</i> 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.

Academic Health Department Learning Community

- Speaker: Bill Keck, MD, MPH, AHD Learning Community Chair

AHD Learning Community Activities

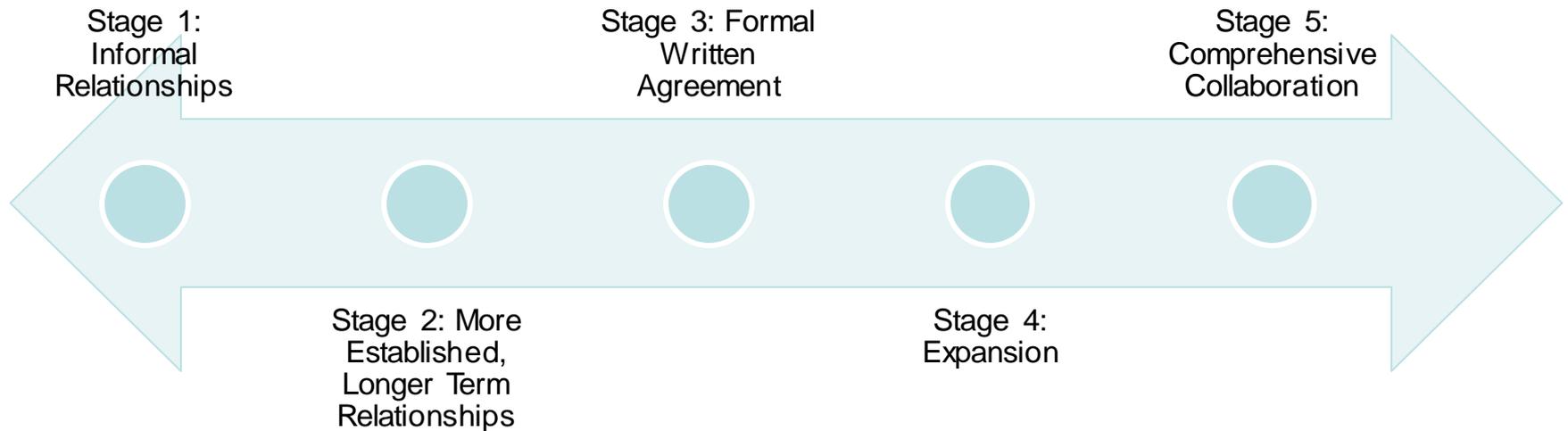
➤ AHD Webinar Series

- [How AHD Partnerships Can Support PHAB and CEPH Accreditation](#) (February 2018)
- [Building AHD Partnerships in Rural Areas](#) (June 2018)

➤ Ask the AHD Expert Column

- 6 columns
- Latest:
 - [Communicating the Value of AHD Partnerships](#) (March 2018)
 - [Engaging a Variety of Partners to Impact Community Health](#) (June 2018)

Staged Model of AHD Development (Draft)



AHD Mentorship Program

- Launched in 2015 to provide one-on-one guidance to foster the development, maintenance, and expansion of AHD partnerships
- Support for 16 mentees to develop and operationalize AHD partnerships
- Mentors needed!
 - Contact Kathleen at kamos@phf.org to volunteer

Other Business and Next Steps