# Kentucky DPH Core Competencies for Public Health Nurses - Tier 1

| Domain 1: Assessment and Analytic Skills |
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| **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. |
| 1A2a. Use an ecological perspective and epidemiological data to identify health risks for a population. (e.g. ADD data, census data and county health rankings)<br>1A2b. Identify individual and family assets, needs, values, beliefs, resources and relevant environmental factors. |
| 1A3. Select variables that 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. (e.g. Data entry of WIC 75, EHR, NEDSS, Immunization registry) |
| 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. (e.g. Red book, Pink book, other science and evidence based data) |
| 1A6. Compare appropriate data sources in a community. (e.g. Epi Notes, KCR, BRFSS) |
| 1A7. Contribute to comprehensive community health assessments through the application of quantitative and qualitative public health nursing data (e.g. Immunization registry, KWCSP data) |
| 1A8.  Apply ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.(e.g. Code of Ethics, HIPAA, confidentiality in HANDS, use of aggregate data) |
| 1A9. Use varied approaches in the identification of community needs (i.e., focus groups, multi-sector collaboration, SWOT analysis). |
| 1A10. Use information technology effectively to collect, analyze, store, and retrieve data related to public health nursing services for individuals, families, and groups. (e.g. Community improvement plan) |
| 1A11. Use evidence-based strategies or promising practices from across disciplines to promote health in communities and populations. |
| 1A12. Use available data and resources related to the determinants of health when planning services for individuals, families, and groups (e.g. community assessment, population trends and health status). |

**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.

2A2. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population.  (e.g. share ideas with supervisor, discuss accreditation activities)

2A3. Identify outcomes of health policy relevant to public health nursing practice for individuals, families, and groups. (e.g. LHD's Strategic Plan)

2A4.a. Provide information that will inform policy decisions.
2A4b. Implement programs and services based on policy decisions.

2A5. Use organizations strategic plans and decision-making methods in the development of program goals and objectives for individuals, families, and groups. (e.g. need of analyzing trends & their effect on the community, BRFSS, CHA)

2A6. Demonstrate knowledge of laws and regulation relevant to public health nursing services. (e.g. KSR, KBN Opinion statements).
2A6b. Plan public health nursing services consistent with laws and regulations. (e.g. CDP reports, DPH data, other LHD data sources)

2A7. Function as a team member in developing organizational plans while assuring compliance with established policies and program implementation guidelines.

2A8. Comply with organizational procedures and policies. (e.g. funding implications, clinical (chart) audits, identifiable gaps, implementation of evidence-based practices).

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. (e.g. methods for evaluation of the nursing process).

2A10. Apply methods and practices to access public health information for individuals, families, and groups. (e.g. evaluation process, coding, school health, PEFs)

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. (e.g. QI strategies; PDCA (Plan, Do, Check, Act), nursing process, incident reports).

| Domain 3: Communication Skills |
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| **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. |

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| 3A1. Determine the health, literacy, and the health literacy of the population served to guide health promotion and disease prevention activities. (e.g. needs of population being served including ADD website, BRFSS (Behavioral Risk Factor Surveillance System), National Action Plan to Improve Health Literacy, Health.gov/healthfinder.gov/Health People 2030). |
| 3A2. Apply critical thinking and cultural awareness to all communication modes (i.e., verbal, non-verbal, written & electronic) with individuals, the community, and stakeholders. (e.g. resources available to communicate in a different language such as phone interpreter system, Microsoft word translation & CSG teaching sheets, WIC forms). |
| 3A3. Use input from individuals, families, and groups when planning and delivering health care programs and services (e.g. gathers information from individuals and groups for improving the health of the community including coalitions, KY Cancer Registry). |
| 3A4. Use a variety of methods to disseminate public health information to individuals, families, and groups within a population. (e.g. approaches for disseminating public health data and information including the LHD website, Schools (classes/website/newsletter) kynect.gov). |
| 3A5a. Create a presentation of targeted health information. <br> 3A5b. Communicate information to multiple audiences including groups, peer professionals, and agency peers. (e.g. communicates effectively in oral and written form including documents, e-mail, telephone, LHD website, Code Red). |
| 3A6. Use communication models to communicate with individuals, families, and groups effectively and as a member of the interprofessional team(s) or interdisciplinary partnerships. (e.g. shares information with clients to improve their health such as Facebook, LHD website, Make Yours a Fresh Start Family, You Tube Videos, NACCHO). |
| 3A7. Describe the role of public health nursing to internal and external audiences (e.g. provides or exchanges information to individuals or groups such as WIC classes, Diabetes Prevention, Strong Women, Micro-clinics and FP clinic). |
| 3A8. Apply communication techniques and models when interacting with peers and other healthcare team members including conflict management. (e.g. role of public health nursing in the community including KHDA, NACCHO, PHAB, KPHA, NEC). |

| Domain 4: Cultural Competency Skills |
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| **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. |
| 4A2. Use data, evidence and information technology to understand the impact of determinants of health on individuals, families, and groups. (e.g. different ethnic or racial groups and those with limited English proficiency specific to the local jurisdiction). |
| 4A3. Deliver culturally responsive public health nursing services for individuals, families, and groups. . (e.g. "Title VI of the Civil Rights Act of 1964"," Title IX of the Education Amendments of 1972", "Section 504 of the Rehabilitation Act of 1973", and the "Age Discrimination Act of 1975"). |
| 4A4. Explain the benefits of a diverse public health workforce that supports a just and civil culture. (e.g. Kentucky DPH Civil Rights  Training Module, LEP Training Module, Cultural Competency Modules, and policies and procedures regarding interpreter services and/or other adaptive equipment). |
| 4A5. Demonstrate the use of evidence-based cultural models in a work environment when providing services to individuals, families, and groups.  (e.g. need to meet training requirements regarding cultural diversity (see 4A4.) with initial employment and annually thereafter). |

| Domain 5: Community Dimensions of Practice Skills |
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| **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.<br>5A1b. Assist individuals, families, and groups to identify and access necessary community resources or services through the *referral* and follow-up process.<br>(e.g. community programs and services such as DCBS, County Extension Service, YMCA, schools Churches, Salvation Army). |
| 5A2. Use formal and informal relational networks among community organizations and systems conducive to improving the health of individuals, families, and groups within communities.<br> (e.g. relationships among community organizations, systems and relationships among hospitals, LHDs and providers within the community). |
| 5A3a. Select stakeholders needed to address public health issues impacting the health of individuals, families, and groups within the community.<br>5A3b. Function effectively with key stakeholders in activities that facilitate community involvement and delivery of services to individuals, families, and groups.<br>(e.g. submits ideas to supervisors related to relationships that could improve the health of the community.  Suggests ways the LHD can provides smoking cessation or nutrition education to community groups in partnership with other agencies). |
| 5A4. Build stakeholder capacity to advocate for the health issues of individuals, families, and groups.<br>(e.g. as a new public health professional, supports these relationships to improve the health of the community. Provides support for prevention and promotion of health in partnering with community agencies by serving on task forces, health related committees, CHA and CHIP). |
| 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.<br>(e.g. participates with community partners to improve the health of the community by serving on task forces or health related committees such as school wellness programs, planning for user-friendly parks, safe neighborhoods, the CHA and CHIP). |
| 5A6. Use input from varied sources to structure public health programs and services for individuals, families, and groups. (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community. Assists supervisor in these efforts to improve the health of the community by participating in community groups as assigned). |
| 5A7a. Interview individuals, families, and groups to identify community resource preferences.<br>5A7b. Build preferences into public health services.<br>5A7c. Identify opportunities for individuals, families, and groups to link with advocacy organizations.<br>(e.g. offers ideas or suggestions to supervisor related to improving community partnerships). |
| 5A8. Identify evidence of the effectiveness of community engagement strategies on individuals, families, and groups.<br>(e.g. utilizes assets and resources appropriately to improve the health of the community. Shares information about public health services and community resources with community agencies). |

| Domain 6: Public Health Sciences Skills |
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| 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.<br>(e.g. epidemiology statistics of a disease burden such as small pox eradication or a common disease from the health assessment and CPD data collected) |
| 6A2a. Determine the relationship between access to clean, sustainable water, sanitation, food, air, and energy quality on individual, family, and *population health*.<br>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).<br>(e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities). (e.g. development of vaccine programs that provided resistance to disease that otherwise was not present such as polio) |
| 6A3. Use evidence-based practice in population-level programs to contribute to meeting core public health functions and the 10 essential public health services. (e.g. statistics in the surrounding community of the burden of disease in the area such as H1N1) |
| 6A4. Participate in research activities impacting the health of populations. (e.g. locates and cites these resources and applies the information to the nursing process for evidence based practice. Example: New recommendations for childhood vaccines, SARS CoV-2) |
| 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). |
| 6A6a. Use research to inform the practice of public health nursing.<br>6A6b. Identify gaps in research evidence that impacts public health nursing practice. (e.g. how data is collected to support a policy, then documented and then taught to others for implementation. Example: Teaching recommended site for IM injection) |
| 6A7. Demonstrate compliance with the requirements of patient confidentiality and human subject protection. (e.g. proper protocols to include when research is conducted. Example: Getting HIPPA consent forms signed before research is started) |
| 6A8. Model public health science skills when working with individuals, families, and groups. |

| Domain 7: Financial Planning, Evaluation, and Management Skills |
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| **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.** |

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| 7A1. Explain the interrelationships among local, state, tribal, and federal public health and healthcare systems. Describes the structures, functions, and authorizations of governmental public health programs and organizations. (e.g. agency mission and where authority comes from: KRS, Local Board of Health and Department of Public Health; Administrative Reference and Governing Board Functions, 902 KAR 8150; Awareness of mandated programs – KY Foundational Package of Local Health Services) |
| 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). Describes government agencies with authority to impact the health of a community. (e.g. local Board of Health, City Council and Fiscal Court and how tax rate is set; how local laws effect the financial ability to impact health; Department for Public Health and state laws and funding sources) |
| 7A3. Implement operational procedures for public health programs and services. Adheres to organizational policies and procedures. (e.g. employee personnel manual / handbook that instructs how to code time for services provided, travel, work week and hours of operation; organizational chart, finance and management services and where to find human resources section; local Board of Health policies, CCSG, AR) |
| 7A4a. Demonstrate knowledge of funding streams to support programs. 7A4b. Select the data for inclusion in a programmatic budget. A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes). (e.g. funding sources – state funds, federal fund and programs, grants, taxing district, insurance, contracted services, and self-pay) |
| 7A5. Interpret the impact of budget constraints on the delivery of public health nursing services to individuals, families, and groups. Contributes to development of program budgets. (e.g. health department budgeting system; money received, allocation to specific programs, using through cost centers for care or program planning, how cost centers affect budget, revenue and expense report. (Flow chart for basic funding). |
| 7A6. Explain implications of organizational budget priorities on individual, groups, and communities. Provides information for proposals for funding (e.g., foundations, government agencies, corporations). (e.g. collaborative responsibilities during the development of work plans for programs and grant proposals) |
| 7A7. Explain public health nursing services and programmatic needs to inform budget priorities. Provides information for development of contracts and other agreements for programs and services. (e.g. types of contractual agreements the LHD maintains with community partners to provide programmatic services, financial services and technical support) |
| 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. (e.g. Revenue and Expense report and how each cost center that time is coded is affected; monthly financial meeting with management staff addressing areas of concern, gaps, and improvement; annual audit) |
| 7A9. Deliver public health nursing services to individuals, families, and groups based on reported evaluation results. (e.g. budget, revenue, expenses, and the actual used in comparison to the budgeted amount; explain any variances to maintain cash flow) |

7A10. Provide input into the fiscal and narrative components of proposals.
(e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline). (e.g. importance of all team members in LHD organization and LHD goals, value and mission statement;  revenue sources to provide quality patient care in all areas of organization)

7A11. Use public health *informatics* skills pertaining to public health nursing services of individuals, families & groups.
 (e.g. employee surveys and responsibility of motivating colleagues to perform at a high level of efficiency to eliminate waste, use time wisely, and efficient use of scheduled time)

7A12. Provide input for contracts and other agreements for the provision of public health services.
 (e.g. each program has its own cost center and can be tracked monthly for trends and gaps; PSRS,  the CMS/Portal system, and E-reports collect data to evaluate program outcomes; revenue and expense report shows budgeted amount and money remaining in each cost center)

7A13. Organize public health nursing services and programs for individuals, families, and groups within budgetary guidelines.
(e.g. financial statements and each cost center can be observed for correct use of time and money; guidance with the CCSG for programs and the AR for the guidance and program descriptions)

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. (e.g. quality improvement plan; PSRS, CMS Portal System, CDP E- reports, revenue and expense reports; and making budgetary reforecast, if needed)

| Domain 8: Leadership and Systems Thinking Skills |
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| **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. |
| 8A2. Apply systems thinking to public health nursing practice with individuals, families, and groups. |
| 8A3. Participate in stakeholder meetings to identify a shared vision, values, and principles for community action. (e.g. impact of interrelated health systems and attends community meetings; ability to participate in community meetings to impact the health of the community; and incorporates knowledge of community health care organizations to lead community meetings. Partners with agencies to provide targeted public health services) |
| 8A4a. Identify internal and external factors affecting public health nursing practice and opportunities for interprofessional collaboration.<br>8A4b. Explain environmental hazards and emergency preparedness to protect individuals, families, and groups.<br>8A4c. Respond to environmental hazards to protect individuals, families, and groups.<br>(e.g. vision for community, prevention modalities, health equity, innovation and quality improvement activities; ability to participate in the development of a vision for community; and incorporates knowledge to lead a community meeting to develop a vision for a healthy community. Participates in community assessments such as MAPP process) |
| 8A5. Use individual, team, and organizational learning opportunities for personal and professional development as a public health nurse. (e.g., using root cause analysis and other quality improvement methods and tools, problem solving). (e.g. actively participates on QI team; ability to use quality improvement tools to carry out the 10 essential public health services; and incorporates quality improvement to facilitate and remove barriers. Leads quality improvement efforts) |
| 8A6. Model personal commitment to lifelong learning, professional development, and advocacy. (e.g. need for professional development; assess need for professional development for self and organization; and ability to mentor, advise, coach and produce training. Incorporates professional development in leadership endeavors) |
| 8A7. Identify organizational quality improvement initiatives that provide opportunities for improvement in public health nursing practice. (e.g. participation in professional development opportunities; ability to incorporate professional development into daily activities. Maintains self-professional development plan; and<br>presents/delivers professional development opportunities for other staff and develops professional development plan for organization) |
| 8A8. Facilitate the development of interprofessional teams and workgroups. |
| 8A9. Interpret organization dynamics of collaborating agencies.<br> (e.g. need for changes in individual and program performance; ability to implement improvement activities for individual and program performance; and creates program plans and individual performance plans through the use of quality improvement tools) |
| 8A10a. Provide feedback on the organization's mission and vision and the impact on individuals, families, and groups.<br>8A10b. Influence others to provide feedback on the organization's mission and vision and the impact on individuals, families, and groups. |
| 8A11. Select advocacy strategies to address the needs of diverse and underserved population. |
| 8A12. Identify organizational policies and procedures that meet practice and public health accreditation requirements. |
| 8A13. Influence health as a shared value through community engagement and inclusion of individuals, families, and groups. |

# Kentucky DPH Core Competencies for Public Health Nurses - Tier 2

| Domain 1: Assessment and Analytic Skills |
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| **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.** |

1B1. Assess the health status and health literacy of populations and their related determinants of health across the lifespan and wellness continuum.

1B2. Develop *public health nursing diagnoses* and program implementation plans utilizing an *ecological perspective* and epidemiological data for individuals, families, communities, and populations.

1B3. Use a comprehensive set of relevant variables within and across systems to measure health and public health conditions.

1B4. Use steps of program planning incorporating socio-behavioral and epidemiological models and principles to collect quality quantitative and qualitative data.

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.

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.
(e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)

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.

1B8. Maximize the application of ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.

1B9. Assess the quality of various data collection methods used to conduct a comprehensive community/population assessment.
(e.g., stratifying data to identify inequities, conducting content analysis of qualitative data to identify themes)

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.

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.
(e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)

1B12. Use data related to the determinants of health and community resources to plan for, analyze, and evaluate community-oriented and population-level programs.
(e.g., access to affordable housing; public and private sector policies; quality, availability, accessibility, and use of health services)

| **Domain 2: Policy Development/Program Planning Skills** |
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| **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.** |
| 2B1. Use valid and reliable data relevant to specific populations to support policies that improve health outcomes. |
| 2B2. Plan population-level interventions guided by policy, relevant models and research findings that impact communities and populations. |
| 2B3. Use policy analysis methods to align with public health nursing practice and public health issues. (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) |
| 2B4. Use existing concepts, models, theories, policy and evidence to plan, conduct and evaluate population-level interventions to address specific public health issues. |
| 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. (e.g., health, fiscal, social, political, environmental) representing the health of a community |
| 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. (e.g., secondhand smoking policies, data use policies, HR policies, Immunization Branch policies, food safety programs) |
| 2B7. Develop plans to implement programs and organizational policies through interprofessional teamwork to accomplish community/population level interventions. (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services |
| 2B8. Manage programs in areas of responsibility while implementing organizational policies. |
| 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. |
| 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. |
| 2B11. Develop quality improvement indicators and core measures as part of the process to enhance public health programs and services. (e.g., outputs, outcomes, processes, procedures, return on investment) |
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| Domain 3: Communication Skills |
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| **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.** |
| 3B1. Design health promotion and disease prevention educational programs based upon the literacy level of the population served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) |
| 3B2. Use critical thinking and *complex decision making* in all communication modes with the community, organizations, stakeholders, and funders. (e.g., using age-appropriate materials, incorporating images, considering health literacy level) |
| 3B3. Evaluate input from community /population members and stakeholders when planning health care programs and services. |
| 3B4. Maximize a variety of methods to disseminate public health information tailored to communities/ populations. (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) |
| 3B5. Evaluate the effectiveness of presentations of targeted health information to multiple audiences, including community and professional groups. (e.g., translating complex topics, using social media, storytelling, active listening, engaging in discussion) |
| 3B6. Determine effective communication with community, groups, interdisciplinary partners, and inter-professional teams. (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model) |
| 3B7. Summarize the role of public health and public health nursing within the overall health system to internal and external audiences. |
| 3B8. Support communication techniques and models when interacting with peers and other healthcare team members including conflict management. |

| Domain 4: Cultural Competency Skills |
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| 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. |
| 4B1. Apply determinants of health to develop culturally responsive interventions with communities and populations. (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) |
| 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. |
| 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. |
| 4B4. Advocate building a diverse public health workforce that supports a just and civil culture. |
| 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. |
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| **Domain 5: Community Dimensions of Practice Skills** |
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| **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.** |
| 5B1. Use a systematic process to direct assessments, plans, interventions, and evaluations of public health services for communities, populations, and programs. |
| 5B2. Use formal and informal relational networks among community organizations and systems conducive to improving the health within programs, communities, and populations. (e.g., relationships among hospitals, health departments, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) |
| 5B3a. Organize stakeholders required to create community groups/coalitions in the community to address public health issues impacting *population health*.<br>5B3b. Function effectively with key stakeholders and groups in activities that facilitate community involvement and delivery of services to communities, populations, and programs. |
| 54Ba. Utilize effective partnerships with key stakeholders and groups to promote health within programs, communities, and populations.<br>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. |
| 5B5. Use community assets and resources, including those of government, private, and non-profit sectors, to promote health within programs, communities, and populations. |
| 5B6. Use input from a variety of community and aggregate stakeholders in the development of public health programs and services for communities and populations. (e.g., coalition building) |
| 5B7. Assume leadership in advocacy efforts for public health policies, programs, and resources that enhance services to communities and populations. (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services) |
| 5B8. Evaluate the effectiveness of community engagement strategies on communities and populations. |
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| Domain 6: Public Health Sciences Skills |
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| **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. |
| 6B1. Use public health and nursing science in practice at community and populations level. |
| 6B2a. Maximize community partnerships that support clean, sustainable water, sanitation, food, air, and energy quality of the community.<br>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). (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities) |
| 6B3. Analyze contribution of evidence-based practice in population-level programs in meeting core public health functions and the 10 essential public health services. (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) s |
| 6B4a. Support research across disciplines related to public health priorities and population-level interventions.<br>6B4b. Support research activities within the organization. |
| 6B5. Examine gaps in public health *informatics* related to public health priorities and population-level interventions.<br>(e.g., research findings, case reports, community surveys) |
| 6B6a. Examine gaps and inconsistencies in research evidence for practice<br>6B6b. Choose peer-reviewed journals and national-level meetings for dissemination of theory-guided and evidence-based practice outcomes. (e.g., literature, best practices, local expertise and experiences) |
| 6B7. Apply the requirements of patient confidentiality, human subject protection, and research ethics into data collection and processing. |
| 6B8. Support acquisition and integration of public health science skills. (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act) |
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| Domain 7: Financial Planning, Evaluation, and Management Skills |
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| **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.** |

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| 7B1a. Provide leadership for the coordination of health programs.<br>7B1b. Maximize implementation of judicial and operational health programs within federal, state, tribal, and local public health agencies.<br>7B1c. Develop collaborations with relevant public and private systems for managing programs in public health. |
| 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. |
| 7B3. Translate statutes and operational procedures of governing bodies and administrative units designated for oversight of public health organizational operations. (e.g., board of health, chief executive's office, Tribal council) |
| 7B4a. Develop strategies for determining programmatic budget priorities based on program outcomes, stakeholder, cost-analysis & financial input from federal, state, tribal, and local sources.<br>7B4b. Develop a programmatic budget using available data.<br>7B4c. Monitor budgets based on program requirements. (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) |
| 7B5. Adapt delivery of services to communities/populations within current and forecasted budget constraints. |
| 7B6. Develop strategies for determining budget priorities based on financial input from federal, state, tribal, and local sources. |
| 7B7a. Assess the impact of organizational budget priorities on public health nursing programs and services based on historical data and outcomes.<br>7B7b. Establish organizational public health nursing resources that assure effective services. |
| 7B8. Design implementation and evaluation plans for population-focused programs. (e.g., foundations, government agencies, corporations) |
| 7B9a. Examine revisions to population-focused programs and services based on formative process and summative evaluation results.<br>7B9b. Use continuous quality improvement models when managing operational and programmatic change. s |
| 7B10a. Develop detailed project proposals and reports for grants and other outside funding sources.<br>7B10b. Appraise external sources of funding proposals.(e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment) |
| 7B11. Identify opportunities to use public health *informatics* skills to improve public health programs and business operations. (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff, engaging volunteers) |
| 7B12. Develop contracts and other agreements for the provision of public health services.<br>(e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline) |
| 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.<br>7B13b. Apply fiscal management techniques for programmatic prioritization and decision making. |
| 7B14a. Utilize data and information to improve organizational processes and performance.<br>7B14b. Use self-reflection to identify strategies to support others' contributions to the organization's performance management system. |
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| Domain 8: Leadership and Systems Thinking Skills |
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| **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.** |
| 8B1a. Interpret public health and public health nursing ethical issues related to the public health nursing services of communities and populations.<br>8B1b. Recommend a course of action in response to identified ethical issues. (e.g., Public Health Code of Ethics) |
| 8B2. Apply system thinking to public health nursing practice with communities and populations. |
| 8B3. Influence team and community partners in identifying a shared vision, values, and principles for community action.<br>(e.g., hospitals, health departments, schools, businesses, libraries, faith-based organizations) can work together or individually to impact the health of a community |
| 8B4a. Analyze internal and external factors that may impact the delivery of essential public health services.<br>8B4b. Assure quality and coordination in the delivery of public health nursing services.<br>8B4c. Demonstrate capacity to determine community public health emergency preparedness needs and organize response activities. (e.g., emphasis on health equity and prevention)) |
| 8B5. Determine inter-professional team and organizational learning opportunities to encourage ongoing staff development.<br>(e.g., organizational structure, leadership buy-in, resistance to change, trust of community) |
| 8B6. Determine opportunities to mentor, advice, coach, and develop peers, direct reports, and other members of the public health workforce. (e.g., training, mentoring, peer advising, coaching) |
| 8B7a. Use evidence-based models to design and implement quality initiatives.<br>8B7b. Monitor programmatic performance. 8B7. Ensures use of professional development opportunities by individuals and teams |
| 8B8. Develop interprofessional team-oriented structures and systems to advance organizational mission and vision. |
| 8B9. Influence identification of shared and complementary mission and vision. |
| 8B10. Influence the reassessment and adaptation of mission and vision. |
| 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. |
| 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. |
| 8B13. Influence health as a shared value through community engagement and inclusion of communities and populations. |

# Kentucky DPH Core Competencies for Public Health Nurses - Tier 3

| **Domain 1: Assessment and Analytic Skills** |
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| **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.** |
| 1C1. Apply appropriate comprehensive, in-depth system/organizational assessments and analyses as it relates to *population health*. (e.g., equity, income, education, environment) |
| 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.  (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) |
| 1C3. Adapt a comprehensive set of relevant variables within and across systems to measure health and public health conditions. |
| 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. |
| 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. |
| 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. |
| 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. 1C7. Resolves gaps in data |
| 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. |
| 1C9. Evaluate the quality of various data collection methods used to conduct a comprehensive community/population or system/organizational assessment. |
| 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. 1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development) |
| 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. |
| 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.  (e.g., quality, availability, accessibility, and use of health services; access to affordable housing) |
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| Domain 2: Policy Development/Program Planning Skills |
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| 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. |
| 2C1. Design data collection methods and processes that inform public health policy creation and modification. (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation) |
| 2C2. Evaluate complex policy options to plan public health services at the systems level. |
| 2C3. Plan methods of policy analysis to address specific public health and systems issues and to influence public health nursing practice. (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) |
| 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, and Advisory Boards) of the organization's governing body. |
| 2C5a. Create a system of decision analysis using the strengths and appropriateness of various policy models and methods.<br>2C5b. Evaluate health and public policy to address current and emerging public health problems and issues.<br>2C5c. Advocate for the role of public health in providing *population health* services. |
| 2C6a. Design public health programs and services consistent with laws and regulations.<br>2C6b. Justify public health programs and services to improve community/*population health*. (e.g., secondhand smoking policies, data use policies, HR policies, Immunization Branch policies, food safety programs) |
| 2C7a. Implement a system(s) for monitoring the effectiveness and efficiency of policies and programs.<br>2C7b. Assume leadership of an interprofessional team to implement health policy in *population health* interventions and health systems operations. (e.g., fiscal, social, political, legal, geographic) |
| 2C8. Administer the implementation of organizational policy throughout the organization. |
| 2C9a. Evaluate overall effectiveness, quality, and sustainability of programs.<br>2C9b. Design systems-level quality initiatives and evaluation plans that foster program sustainability.<br>2C9c. Incorporate quality and cost measures for agency program evaluation.<br>2C9d. Identify resources that support quality improvement and program evaluation.<br>2C9e. Promote the use of technology to improve the evaluation of program quality and effectiveness. |
| 2C10a. Recommend technologies for identification and use with communities and populations.<br>2C10b. Use technology to collect data to monitor and evaluate the quality and effectiveness of programs and systems.<br>(e.g., zoning, safe housing, food access, transportation routes) |
| 2C11. Adapt organizational and system-wide strategies for continuous quality improvement and performance management. |

| Domain 3: Communication Skills |
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| **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. |
| 3C1. Adapt health literacy principles into all organizational communications to support the needs of resources of those receiving health information. |
| 3C2. Communicate critical thinking and *complex decision making* at the systems level utilizing all types of communication modes. (e.g., using age-appropriate materials, incorporating images) |
| 3C3. Design strategies to solicit and evaluate input from diverse organizational partners, stakeholders, vulnerable and marginalized populations when planning health care programs and services. (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) |
| 3C4. Use systems level methods, based on appropriate literacy level to varying audiences, to widely disseminate public health information, influence behavior, and improve health. (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) |
| 3C5a. Model presentation of targeted health information to multiple audiences, as well as to a variety of organizations.<br>3C5b. Support other public health professionals as they develop presentation/dissemination skills. (e.g., reports, presentations, email, letters, testimony, press interviews) |
| 3C6a. Maximize effective communication with systems leaders and key stakeholders<br>3C6b. Model effective communications as member or leader of inter-professional teams and interdisciplinary partnerships, both internally and externally. (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model) |
| 3C7. Evaluate system/organizational capacity to articulate and support the expansive roles of public health nurses and public health. |
| 3C8a. Apply communication techniques and models to managing staff, motivating personnel, and resolving conflicts within the organization/system<br>3C8b. Generate communication policies and procedures that support conflict management throughout the organization/system. |

| Domain 4: Cultural Competency Skills |
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| **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. |
| 4C1a. Assure recognition and respect for diversity in the organizational structure.<br>4C1b. Support the dynamic nature of a diverse workforce and the necessity for on-going responsiveness to the changing needs of diverse populations. (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) |
| 4C2a. Develop systems-level health programs using knowledge of determinants of health.<br>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.<br>4C2c. Prioritize access to technology that provides information in determining the delivery of public health services (i.e., cultural, social, economic, environmental & behavioral factors). |
| 4C3. Determine the effectiveness of culturally responsive public health services at the systems level. |
| 4C4. Create actions that foster a diverse public health workforce that supports a just and civil culture. |
| 4C5a. Use evidence-based models to enhance the organization's cultural competence.<br>4C5b. Evaluate organizational/system processes for adherence to standards, policies, and practices for cultural competence. |
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| Domain 5: Community Dimensions of Practice Skills |
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| 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. |
| 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. |
| 5C2. Create internal and external organizational relationships, processes, and system improvements to enhance the health of populations. (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) |
| 5C3a. Create strategies that enhance collaboration within and across systems and organizations to address *population health* issues. <br> 5C3b. Maximize collaboration with key stakeholders and groups within and across systems and organizations to enhance the health of a population. <br> 5C3c. Evaluate the effectiveness of collaborative relationships and partnerships within organizations and systems. |
| 5C4a. Formulate strategies (including documentation) for ongoing and meaningful community involvement in activities addressing *population health* issues within and across systems and organizations. <br> 5C4b. Influence the role of government, the private sector, and non-profit sectors in the delivery of community health services. (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others) |
| 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. |
| 5C6. Maximize the inclusion of input from the communities served when developing public health policies, programs, and services. (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) |
| 5C7a. Influence policies, programs, and resources within and between organizations and systems that improve health in a community or population. <br> 5C7b. Influence public health priorities that improve *population health* and impact healthcare systems through leadership and advocacy efforts. (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services) |
| 5C8. Appraise the effectiveness of community engagement strategies on public health policies, programs, services, and resources. |

| Domain 6: Public Health Sciences Skills |
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| 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. |
| 6C1. Use expertise in public health and nursing sciences in the design of public health nursing programs and practice environments. |
| 6C2a. Maximize organizational programs that ensure access to clean water, sanitation, food, air, and energy quality of the community.<br>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). (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities) |
| 6C3. Appraise organization's contribution to meeting the core public health functions and the 10 essential public health services using epidemiology and other methods. (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences) |
| 6C4a. Maximize organizational effectiveness by translating research into practice.<br>6C4b. Assure programs and policies are based on current research and evidence-based practice. |
| 6C5. Support, as an expert resource for others, the identification and use of public health *informatics*. |
| 6C6a. Plan with academic partners, internal and external stakeholders, and other public health professionals to address limitations of research findings.<br>6C6b. Develop new approaches to theory-guided and evidence-based practice in public health.<br>6C6c. Evaluate theory-guided and evidence-based practice in public health. 6C6d. Decide dissemination methods of new evidence-based practices in public health. (e.g., validity, reliability, sample size, bias, generalizability) |
| 6C7. Support, as an expert, the design of data collection methods that incorporate the requirements of patient confidentiality, human subject protection, and research ethics. |
| 6C8. Create partnerships with academic and other organizations to expand the public health science base and disseminate research findings. |
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| Domain 7: Financial Planning, Evaluation, and Management Skills |
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| 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. |
| 7C1a. Develop health programs within federal, state, tribal, and local public health agencies.<br>7C1b. Identify potential funding sources and support to meet community and *population health* needs.<br>7C1c. Use relationships to form alliances across public and private healthcare systems that advance *population health*. 7 |
| 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. (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness) |
| 7C3. Prioritize the implementation of statues and operational procedures of the governing bodies and administrative unit designated with oversight of public health organizational operations. (e.g., board of health, chief executive's office, Tribal council) |
| 7C4a. Recommend strategies for determining budget priorities.<br>7C4b. Develop an organization-wide budget to provide resources to meet the needs of patient, family, community to achieve desired outcomes. (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) |
| 7C5. Manage the delivery of agency services within current and forecasted budget constraints. |
| 7C6. Defends an organization-wide budget to provide resources to improve *population health*. |
| 7C7. Evaluate the impact of organizational budget priorities on practice and public health systems. |
| 7C8. Use evaluation results of population-focused programs at the organizational level for quality, effectiveness, efficiency, safety, and sustainability.  (e.g., foundations, government agencies, corporations) |
| 7C9. Develop evaluation systems about change strategies. |
| 7C10a. Select proposals for submission to external funding sources and monitors through the implementation of appropriate financial management systems.<br>7C10b. Ensure accurate accounting of transactions supported by source documents to establish a sound track record for future funding opportunities. (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment) |
| 7C11a. Design system-wide utilization of public health *informatics*.<br>7C11b. Prioritize system-wide uptake of public health *informatics*. |
| 7C12. Prioritize and approves contracts and other agreements for the provision of public health services. |
| 7C13. Evaluate available financial analyses in decision making and prioritizing programs across organizations and systems.  (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) |
| 7C14a. Establish a performance management system.<br>7C14b. Use self-reflection and insights gained to inform performance management improvement at the organizational and or systems level. |
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| Domain 8: Leadership and Systems Thinking Skills |
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| 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. |
| 8C1a. Use ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.<br>8C1b. Influence the adherence to public health and public health nursing ethical standards in all interactions with individuals, communities, and organizations. (e.g., Public Health Code of Ethics) |
| 8C2a. Evaluate new approaches to public health practice that integrate organizational and systems thinking.<br>8C2b. Propose innovations in public health practice that integrate organizational and systems thinking. |
| 8C3a. Create meaningful opportunities for partnerships with stakeholders to determine key values and shared vision as guiding principles for community action.<br>8C3b. Make use of a shared vision, values, and principles across the organization and healthcare system for community action. |
| 8C4a. Design strategies that address internal and external factors that impact the delivery of essential public health services.<br>8C4b. Use systems that assure quality, collaboration, and coordination in the delivery of essential public health services.<br>8C4c. Build functional capabilities of public health emergency preparedness across community sectors. (e.g., emphasis on prevention, health equity for all, excellence and innovation) |
| 8C5. Support development of learning opportunities at the levels of individual, inter-professional team, and organization. |
| 8C6. Create opportunities for mentoring, peer advising, coaching, and professional development systems for the public health workforce. (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching) |
| 8C7a. Design systems to measure, report, and improve quality of services and organizational performance.<br>8C7b. Maintain systems to measure, report, and improve quality of services and organizational performance. |
| 8C8. Adapt organizational infrastructure and implement system changes to facilitate interprofessional team development. (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change) |
| 8C9a. Function as chief public health strategist, assuring that all relevant partners work in collaboration to drive prevention initiatives.<br>8C9b. Create common-values based approach with ethical standards across systems. |
| 8C10. Facilitate strategies that reassess the organization's mission and vision and adaptation within the system. |
| 8C11a. Evaluate strategies to achieve national, state and local health goals and objectives.<br>8C11b. Create advocacy strategies at the organizational and systems levels to address the health of populations. |
| 8C12. Create policies, processes, and systems within the organization to maintain standards in practice and accreditation. |
| 8C13. Influence health as a shared value through community engagement at the organizational and systems level. |