



Recommendations for Revisions to AACN’s Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing, A Supplement to the Baccalaureate Education for Professional Nursing Practice

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Association of Community Health Nursing Educators (ACHNE) Education Committee,

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Our **first recommendation** is related to the introduction section of the *Supplement*.

The ACHNE organization would like to add a statement supporting the linkage of the AACN, Association of Public Health Nurses (APHN), American Public Health Association (APHA) - PHN Section, Association of Community Health Nursing Educators, Alliance of Nurses for Healthy Environment, (all Quad Council Coalition members) and the Council on Linkages (CoL), toward baccalaureate nursing education.

- a. The ACHNE education committee proposes a statement regarding our missional role in supporting faculty teaching community/public/population health at the baccalaureate level of nursing education. We propose a statement be provided to introduce faculty to the organization:

The ACHNE are the leaders in community/public health nursing (C/PHN) education whose mission is to positively impact local and global population health by advancing the quality and “amplifying the impact” (Joyce, et al, 2013) of baccalaureate C/PHN nursing through education, practice and research (ACHNE, 2018).

Community/Public/Population (C/PHN) nursing faculty *are key stakeholders* in being a *Catalyst for Change: Harnessing the Power of Nurses to Build Population Health in the 21st Century* (<https://www.rwjf.org/en/library/research/2017/09/catalysts-for-change--harnessing-the-power-of-nurses-to-build-population-health.html>). The significant changes within the overall health care system, resulting from the Affordable Care Act, have placed an emphasis on population health outcomes. While many suggest this as a new emphasis, even a ‘paradigm shift’, this emphasis is not ‘new’ for public health nurses (Joyce, et al, 2013). C/PHN content has been a part of the required baccalaureate-nursing curriculum since 1965 (Ervin, 2007).

- b. The ACHNE education committee proposes a statement linking our organization to AACN. We propose a statement be provided to promote this linkage:

ACHNE supports the American Association of Colleges of Nursing (AACN) as the driving force for innovation and excellence in academic baccalaureate nursing education and aligns our C/PHN educational practice standards with the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). The *Essentials* are the unifying, universal framework for educators across all specialties, including C/PHN. The *Essentials* delineate “the national consensus by providing the elements and framework for building nursing curricula and outline the necessary curriculum content and expected competencies of graduates across the learning trajectory from baccalaureate to Doctor of Nursing Practice programs” (<http://www.aacnnursing.org/Education-Resources/AACN-Essentials>). The *Essentials* serve as the building block toward career progression and specialty preparation.

- c. The ACHNE education committee proposes a statement linking our organization to the Council on Linkages (CoL). We propose a statement be provided to promote this linkage:

In addition to the *Essentials*, ACHNE also supports the Council on Linkages (CoL), a coalition of twenty national organizations interested in improving public health education and practice (CoL, 2016). The Quad Council (QC) of Public Health Nursing Organizations, founded in 1988, represents both public health and nursing education across diverse settings. This organization is comprised of the following organizations: Alliance of Nurses for Healthy Environments (AHNE); Association of Community Health Nurse Educators (ACHNE); Association of Public Health Nurses (APHN); and The American Public Health Association – Public Health Nursing Section (APHA-PHN) section. These groups represent nursing professionals who are active in public health teaching and practice to address national and global health priorities within public health nursing education, practice, leadership, and research. As the voice of public health nursing, the Quad Council created the Quad Council Competencies for Public Health Nursing (QCC-PHN) (2011) and the Quad Council Competencies for Community and Public Health Nursing (QCC-C/PHN, 2018). The QCC embody a national set of public health competencies that denote knowledge, skills, and attitudes needed by nurse professionals to support the work of improving the health of populations.

Our *second recommendation* is to strongly suggest linking the 2018 QCC-C/PHN to the *Essentials* document.

In 2011, the QC revised the QCC-PHN creating three levels of practice: Tier one generalist, Tier two management or supervisory, and Tier three senior management or leadership (Swider, Krothe, Reyes, & Cravetz, 2013), with a secondary review in 2018 (Quad Council Coalition Competency Review Task Force, 2018). Tier one is specific to the baccalaureate generalist nurse.

“**Tier 1 Core Competencies** apply to generalist community/public health nurses (C/PHN) who carry out day-to-day functions in community organizations or state and local public health

organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the C/PHN may include working directly with at-risk-populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although the CoL competencies and the C/PHN competencies are primarily focused at the population level, C/PHNs must often apply these skills and competencies in the provision of services to individuals, families, or groups. Therefore, Tier 1 reflect this practice” (Quad Council Coalition Competency Review Task Force, 2018).

- a. Aligning the *Essentials* to the 2018 *QCC-C/PHN- Tier one*, creates a synthesis between education and practice, to establish universal competency standards that can be applied across diverse settings (Joyce et al., 2017). By combining these two important nursing frameworks, faculty can construct a curriculum that develops students’ population health knowledge, skill, and application at the novice level, while allowing for knowledge scaffolding for those seeking advanced specialty practice roles.
- b. Demonstrating alignment for faculty is crucial in supporting the education and competency level for the baccalaureate degree in nursing (BSN) for graduates to be prepared for entry into diverse practice settings (i.e., acute care, ambulatory care, governmental agencies or community-based organizations, school nursing, etc.).
- c. Following in line with other toolkits provided by AACN, this document is meant to provide resources and exemplars to assist faculty with integrative and innovative learning strategies, opportunities for program enhancement, and resources that will assist faculty with the integration of the *Baccalaureate Essentials* and the 2018 *QCC-C/PHN* throughout the nursing curriculum.
- d. We propose throughout the supplement, faculty will be linked to the AACN, *Essentials of Baccalaureate Education for Professional Nursing Practice (the nine Essentials and the 109 outcomes)* and the *QCC-C/PHN (the eight domains and 78 competencies)*. Using these seminal documents, ACHNE hopes to reduce any concern or fears of C/PHN faculty of the need to add “new content” into an already set-curriculum where there is no room for expansion. The goal is to provide a roadmap for a formative evaluation of curriculum and serve as a conversation starter among schools of nursing to assure population health content is integrated across the curriculum, and to avoid the burden of population content lying only at the feet of those teaching C/PHN. Examples would be provided with each *Essential* aligning to the *QCC-C/PHN* in these areas: Application to Classroom/Didactic and Application to Clinical Practice.

Application to Classroom/Didactic

It is imperative that academic baccalaureate “[N]urse educators in community/public health nursing (C/PHN) [must] use the competencies in the planning of course descriptions and objectives for C/PHN activities. Use of the competencies guide selection of clinical sites and multi-sector collaboration that provides collaborative clinical activities for baccalaureate ... nursing students. *Critical behaviors* from each Domain are a tool for formative and summative evaluation,

which provides structure and rigor to C/PHN education” (Quad Council Coalition Competency Review Task Force, 2018, p.7).

Application to Clinical Practice

In baccalaureate clinical experiences, the QCC-C/PHN “provide the knowledge, skills, and behaviors necessary to master competent practice” (Quad Council Coalition Competency Review Task Force, 2018, p.7) at a novice level. The competencies have relevance in all settings and provide a means of formative and summative evaluation to assure nursing students can apply population principles to meet the needs of the population by protecting and promoting the health of communities locally and globally.

Our **third recommendation** would be to provide definitions regarding the following terms: population health, public health, population health management, and community health.

The Education Committee proposes using universal definitions around these terms to help faculty frame their courses and content.

Our **fourth recommendation** would be a change in the title of the document.

- a. The term currently used to refer to this faculty resource is the term “Supplement”. Supplement implies, “something that completes or makes an addition” (Webster Dictionary, 2018). Providing a document labeled as “supplement” may re-buff its use. Anecdotal conversations with baccalaureate faculty have indicated a feeling of “content-overload” within their own curriculum while they are attempting to meet nine *Essentials* and their associated 109 outcomes, while also attempting to incorporate public health competencies. In reviewing other “supplement type” documents on the AACN website, the term [“Toolkit”](#) or [“Guidelines”](#) is used.
- b. The Education Committee would like to propose removal of the label “Supplement” and instead use the term “Toolkit”.

Along the same lines of re-naming the document, our **fifth recommendation** would be to remove any suggestion of language stating “In addition to...”.

- a. The language “In addition to...” appears in the *Supplement* (2013) as an introduction to each *Essential*. This appears on pp. 9, 11, 13, 15, 17, 21, 23, and 25.
- b. When introducing the *Essential*, our recommendation would be to use the same language as the AACN *Essential* document to maintain consistency in use and language.

- c. Anecdotal conversations from faculty who use both documents, have expressed struggles attempting to align the *2008 Essentials* document to the *2013 Supplement*. The AACN *Essentials* language should be used universally across documents; therefore, making it easier for faculty to have cross-sector collaboration with other faculty to assure content and concepts are built upon or introduced in their entirety. This is imperative especially for new faculty who may not be trained in the field of community or public health.
- d. The Education Committee would like to propose providing exact language from the *AACN Essential* and refrain from using inconsistent wording. This allows for both documents (*Essentials and QCC-C/PHN*) to be easily updated with any new revisions.

Our **sixth recommendation** builds upon recommendation number two in introducing the linkage of the 2018 *QCC-C/PHN* to the *Essentials*.

- a. The Education Committee would propose each of the AACN nine *Essentials* and 109 outcomes would be cross-mapped to the *QCC-C/PHN* eight domains and 78 competencies, as an example.
- b. There would be emphasis that each schools cross-mapping would be unique for their school.
- c. The examples provided in the document would serve as a means of discussion in and among faculty fostering cross sector collaboration to ensure content is met, as not all *Essentials* or the *QCC-C/PHN* can be taught in ‘just one class’ but is possible across the curriculum.
- d. The examples provided would serve as a building block for content, especially for novice faculty. Our hope is to show faculty we are NOT asking them to “add” anything new by incorporating the use of the *2018 QCC-C/PHN* into their curriculum. Please see Attachment 1: An example provided from the ACHNE Education Committee.

Our **seventh recommendation** is regarding the references/resource sections that follow each *Essential* of the *Supplement*.

This section needs clarity regarding whom these references are for, such as faculty or students.

The Education Committee would propose delineating the reference section into categories: Faculty Resources, Suggested Course Content, Teaching Strategies, Student/Classroom Resources, Clinical Resources, Web Sites, Articles and Reports, Documentaries, and /or Literature for expanded learning.

References

- American Association of Colleges of Nurses. (2008). *The essentials of baccalaureate education for the professional nursing practice*. Retrieved from <http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- American Association of Colleges of Nurses. (2013). *Public health: Recommended baccalaureate competencies and curricular guidelines for public health nursing. A supplement to the essentials of baccalaureate education for professional nursing practice*. Retrieved from <https://www.aacnnursing.org/Portals/42/Population%20Health/BSN-Curriculum-Guide.pdf>
- Association of Community Nursing Educators [ACHNE]. (2009). <https://www.achne.org/i4a/pages/index.cfm?pageid=3277>.
- Catalyst for Change: Harnessing the Power of Nurses to Build Population Health in the 21st Century* (<https://www.rwjf.org/en/library/research/2017/09/catalysts-for-change--harnessing-the-power-of-nurses-to-build-population-health.html>).
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- Joyce, B.L., Harmon, M.J., Pilling, L.B., Johnson, R.H., Hicks, V.L., & Brown-Schott, N. (2015). The preparation of community/public health nursing: Amplifying the impact. *Journal of Public Health Nursing*, 32 (6) 595-597.
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- Merriam Webster Dictionary. Retrieved at: [https://www.merriam-webster.com/dictionary/supplement on June 16, 2018](https://www.merriam-webster.com/dictionary/supplement%20on%20June%2016%202018).
- Quad Council Coalition [QCC]. (2017). About the quad council coalition (QCC). Retrieved from <http://www.quadcouncilphn.org/>.
- Swider, S. M., Krothe, J., Reyes, D., & Cravetz, M. (2013). The quad council practice competencies for public health nursing. *Public Health Nursing*, 30(6), 519-536. doi:doi: 10.1111/phn.12090.

Attachment

Example: Aligning the *Essentials* to the 2018 *QCC-C/PHN*

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2008 *Essential V: Healthcare Policy, Finance, and Regulatory Environments*

Rationale

Healthcare policies, including financial and regulatory policies, directly and indirectly influence nursing practice as well as the nature and functioning of the healthcare system. These policies shape responses to organizational, local, national, and global issues of equity, access, affordability, and social justice in health care. Healthcare policies also are central to any discussion about quality and safety in the practice environment.

The baccalaureate-educated graduate will have a solid understanding of the broader context of health care, including how patient care services are organized and financed, and how reimbursement is structured. Regulatory agencies define boundaries of nursing practice, and graduates need to understand the scope and role of these agencies. Baccalaureate graduates also will understand how healthcare issues are identified, how healthcare policy is both developed and changed, and how that process can be influenced through the efforts of nurses, and other healthcare professionals, as well as lay and special advocacy groups.

Healthcare policy shapes the nature, quality, and safety of the practice environment and all professional nurses have the responsibility to participate in the political process and advocate for patients, families, communities, the nursing profession, and changes in the healthcare system as needed. Advocacy for vulnerable populations with the goal of promoting social justice is recognized as moral and ethical responsibilities of the nurse.

2018 *QCC-C/PHN* – Domain 7 – Financial Planning, Evaluation, and Management Skills

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

Cross-Mapping or Linking *Essential V: Healthcare Policy, Finance, and Regulatory Environments* to *QCC-C/PHN Domain 7: Financial Planning, Evaluation, and Management Skills*

<i>2008 Essentials – Essential V</i>	<i>2018 QCC-C/PHN – Domain 7.0</i>
1. Demonstrate basic knowledge of healthcare policy, finance, environments, including local, state, and regulatory te, national, and global healthcare trends.	7A1. Explain the interrelationships among local, state, tribal, and federal public health and healthcare systems.
2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.	7A4a. Demonstrate knowledge of funding streams to support programs. 7A4b. Select the data for inclusion in a programmatic budget. 7A10. Provide input into the fiscal and narrative components of proposals. 7A12. Provide input for contracts and other agreements for the provision of public health services.
3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.	7A6. Explain implications of organizational budget priorities on individual, groups, and communities.
4. Examine legislative and regulatory processes relevant to the provision of healthcare.	7A1. Explain the interrelationships among local, state, tribal, and federal public health and healthcare systems.
5. Describe state and national statutes, rules, and regulations that authorize and define professional nursing practice.	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 man- made disasters). 7A7. Explain public health nursing services and programmatic needs to inform budget priorities.
6. Explore the impact of socio-cultural, economic, legal, and political factors influencing healthcare delivery and practice.	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. 7A13. Organize public health nursing services and programs for individuals, families, and groups within budgetary guidelines.
7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals’ practice.	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.
8. Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in health care delivery.	7A5. Interpret the impact of budget constraints on the delivery of public health nursing services to individuals, families, and groups. 7A6. Explain implications of organizational budget priorities on individual, groups, and communities. 7A11. Use public health informatics skills pertaining to public health nursing services of individuals, families & groups.
9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.	7A9. Deliver public health nursing services to individuals, families, and groups based on reported evaluation results.
10. Articulate, through a nursing perspective, issues concerning healthcare delivery to decision makers within healthcare organizations and other policy arenas.	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.
11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.	7A13. Organize public health nursing services and programs for individuals, families, and groups within budgetary guidelines.
12. Advocate for consumers and the nursing profession.	7A3. Implement operational procedures for public health programs and services. 7A7. Explain public health nursing services and programmatic needs to inform budget priorities.

The Education Committee would propose delineating the reference section: Faculty Resources, Suggested Course Content, Teaching Strategies, Web Sites, Documentaries, and /or Literature for expanded learning.

Faculty Resources:

- Association of Community Health Nursing Educators (ACHNE)
- Association of Public Health Nurses (APHN)
- American Public Health Association – Public Health Nursing Section (APHA-PHN)
- Alliance of Nurses for Healthy Environments (AHNE)
- American Public Health Association (APHA)
- National Association of County and City Health Officials (NACCHO)
- Healthy People 2020

Suggested Course Content:

- Describe the structure of the local, state, tribal, and federal health care system nationally and internationally
- Major public health laws and regulations at the local, state, federal, and international level
- How public health laws and regulations are made at local, state, and federal levels
- The role and power of the state and federal government during national and local emergencies and communicable disease outbreaks
- Overview of economic models, payment structures and theories including the functioning of the free market and market failure in healthcare
- Healthcare Reform and political influences on policy and regulatory environments
- Implications of policy options on PH programs and the potential impacts on individuals, families, and groups within a population.
- The role of Community Organizing in influencing local health policy
- Major financing strategies that support public health service delivery
- The sources of funds and how they drive programming for public health services at local, state, and federal levels
- Political influences and policy development.

- Major sources of population level data (e.g. Healthy People 2020 objectives, baseline and target data)
- Uses of sources of data to guide policy development

Teaching Strategies:

- Invite participation from local government officials or local members of health boards, county, or city government to discuss public health regulation, program planning, disaster preparedness, or other safety topics.
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- Invite a local public health leader to compare and contrast major public health policies and how they influence services at the federal, state, and local levels.

Web Sites, Documentaries, and /or Literature

Basic Resources/References:

Dickson, G.L. and Flynn, L. (eds). (2009). Nursing policy research. Turning Evidence-Based research into health policy. New York: Springer Publishing.

Mason, D., Gardner, D., Outlaw, F., & O'Grady, E. (2016). Policy and politics in Nursing and health care. Saint Louis, MO: Elsevier.

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Nickitas, D.M, Middaugh, D.J., and Aries, N. (Eds.). (2016) *Policy and politics for nurses and other health professionals*. Sudbury, MA: Jones and Bartlett.

Public Broadcasting System. (2008). Sick Around the World: Can the U.S. learn anything from the rest of the world about how to run a health care system? Video Series Retrieved from <http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>

Policy Websites that have current health and nursing policy information:

American Association of Colleges of Nursing: <https://www.aacnursing.org/Policy-Advocacy>

American Nurses' Association: <http://www.nursingworld.org>

American Public Health Association: <https://www.apha.org/>

Association for Public Health Nurses: <http://www.phnurse.org/>

CDC Public Law Program: <http://www.cdc.gov/phlp/index.html>

Healthy People: <https://www.healthypeople.gov/2020/topics-objectives>

Institute for Health Care Improvement: <http://www.ihc.org/>

Kaiser Family Foundation: <http://www.kff.org>

NACCHO: <http://www.naccho.org/topics/infrastructure/PHLaw/index.cfm>

Nursing Community Coalition: <https://www.thenursingcommunity.org/>

Robert Wood Johnson Foundation: <http://www.rwjf.org>